

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | |
|--|---|--|
| 1. Debtor's name | Union Eye Care Center, Inc. | |
| 2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names | | |
| 3. Debtor's federal Employer Identification Number (EIN) | 34-0841728 | |
| 4. Debtor's address | Principal place of business 4750 Biedler Rd. Willoughby, OH 44094 Number, Street, City, State & ZIP Code Lake County | Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business See, attached list of locations Number, Street, City, State & ZIP Code |
| 5. Debtor's website (URL) | | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: | |

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

| | | | |
|----------|-------|-----------------------|-------|
| Debtor | _____ | Relationship | _____ |
| District | _____ | When | _____ |
| | | Case number, if known | _____ |

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☒ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Union Eye Care Center, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 2, 2019**
MM / DD / YYYY

X /s/ Kevin Morgan
Signature of authorized representative of debtor

Title **CEO**

Kevin Morgan
Printed name

18. Signature of attorney

X /s/ Richard A. Baumgart (0002664)
Signature of attorney for debtor

Date **July 2, 2019**
MM / DD / YYYY

Richard A. Baumgart (0002664)
Printed name

Dettelbach, Sicherman & Baumgart
Firm name

**55 Public Square, 21st Floor
Cleveland, OH 44113-1902**
Number, Street, City, State & ZIP Code

Contact phone **216-696-6000** Email address **rbaumgart@dsb-law.com**

(0002664) OH
Bar number and State

**RESOLUTION
OF
UNION EYE CARE CENTER, INC.**

At a Special Meeting of the Trustees of Union Eye Care Center, Inc. held at Cleveland, Ohio, on the 6 day of MAY, 2019, the undersigned being all of the Trustees of the above corporation do take and adopt the following by our written consent:

WHEREAS, this corporation appears to be insolvent and presently unable to meet its obligations as they fall due, and

WHEREAS, the business of this corporation can no longer be conducted without obtaining relief under Title 11 of the United States Code, entitled "Bankruptcy".

NOW THEREFORE, it is resolved that this corporation engage the services of Richard Baumgart and his law firm, Dettelbach, Sicherman & Baumgart, LLC, the members of such Law Firm being duly licensed and qualified to practice law in the United States Bankruptcy Court for the Northern District of Ohio and to represent this corporation and to commence proceedings for and on behalf of this corporation pursuant to Chapter 7 of Title 11 of the United States Code.

IT IS FURTHER RESOLVED that this corporation forthwith proceed to file a Petition under Chapter 7 of Title 11 of the United States Code and to seek relief thereunder as therein provided and permitted.

IT IS FURTHER RESOLVED that Kevin Morgan as CEO of this corporation be and he hereby is authorized to sign any and all papers and documents that may be deemed by him or the above designated attorneys to be necessary for the purposes above stated, and in all other regards act for an on behalf of this Corporation in such proceedings.

John T. Duffy
James M. McCarty
Keith M. Lippert
John D. Baker

[Signature]
Dorothy Duda

The undersigned Michael Morgan as President of the Trustees, does hereby certify the foregoing to be a true copy of the minutes of a special meeting of the Trustees of the corporation,

Dated at Cleveland, Ohio this 6 day of May, 2019.


Michael Morgan, President

Fill in this information to identify the case:

Debtor name Union Eye Care Center, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 2, 2019

X /s/ Kevin Morgan

Signature of individual signing on behalf of debtor

Kevin Morgan

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Union Eye Care Center, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|---|------------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ 450,000.00 |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ 754,119.87 |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ 1,204,119.87 |

Part 2: Summary of Liabilities

| | |
|--|-------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 293,688.09 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 1,916,247.07 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ 2,209,935.16 |

Fill in this information to identify the case:Debtor name Union Eye Care Center, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Huntington Bank - checkingChecking9490\$380.343.2. "Education" account with Huntington BankChecking0612\$2,495.07**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,875.41**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Debtor may have security deposits at leased locatiions, but is in default at all and deposits were paid long ago, in some instances to prior landlords -estimated amount of total deposits is \$20-25,000.

7.1. total deposits is \$20-25,000.Unknown**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor Union Eye Care Center, Inc.
Name

Case number (If known) _____

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 73,946.46 - 0.00 = \$73,946.46
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$73,946.46

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

| | General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|-------------------------------------|---|---|------------------------------------|
| 19. | Raw materials | | | | |
| 20. | Work in progress | | | | |
| 21. | Finished goods, including goods held for resale Glasses and frames | May 31, 2018 | \$517,298.00 | Recent cost | \$517,298.00 |

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$517,298.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor Union Eye Care Center, Inc.
Name

Case number (If known) _____

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture Misc. Office furniture and equipment at 10 different locations - value estimated at \$20-40,000. | Unknown | N/A | \$10,000.00 |

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$10,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 49. Aircraft and accessories | | | |

Debtor Union Eye Care Center, Inc.
Name

Case number (If known) _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Lab equipment located at Tungsten location;
exam equipment located at all locations but
Cleveland Clinic Unknown N/A \$150,000.00

51. **Total of Part 8.** **\$150,000.00**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available). | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. 5370 Pearl Rd., Parma, Ohio 44129 - value shown is county valuation | Fee simple | \$350,000.00 | N/A | \$350,000.00 |
| 55.2. 26215 Tungsten Rd., Euclid, OH 44132 -value shown is county valuation | Fee simple | \$100,000.00 | N/A | \$100,000.00 |

56. **Total of Part 9.** **\$450,000.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☐ No
☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 10: Intangibles and intellectual property

Debtor Union Eye Care Center, Inc.
Name

Case number (If known) _____

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 60. | Patents, copyrights, trademarks, and trade secrets | | | |
| 61. | Internet domain names and websites | | | |
| 62. | Licenses, franchises, and royalties Stored boxes, files and old typewriters | \$0.00 | N/A | \$0.00 |
| 63. | Customer lists, mailing lists, or other compilations Debtor has customer lists and prescriptions for glasses and contact lenses | Unknown | | Unknown |
| 64. | Other intangibles, or intellectual property | | | |
| 65. | Goodwill | | | |
| 66. | Total of Part 10. Add lines 60 through 65. Copy the total to line 89. | | | \$0.00 |
| 67. | Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 68. | Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 69. | Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Union Eye Care Center, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | <u>\$2,875.41</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$0.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$73,946.46</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$517,298.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$10,000.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$150,000.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | <u>\$450,000.00</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$0.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + <u>\$0.00</u> | |
| 91. Total. Add lines 80 through 90 for each column | <u>\$754,119.87</u> | + 91b. <u>\$450,000.00</u> |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | <u>\$1,204,119.87</u> |

Know all Men by these presents, That ADRON COMPANY, a partnership,

the Grantor.

for the consideration of TEN and no/100 Dollars,

(\$10.00) received to its full satisfaction of UNION EYE CARE CENTER, INC.,
a nonprofit corporation organized under the laws of the State of Ohio,

the Grantee.
does
do give, grant, bargain, sell and convey unto the said Grantee, its heirs and assigns, the

following described premises, situated in the CITY of PARMA

County of CUYAHOGA and State of Ohio, and known and described as

follows: 5370 Pearl Road, and also known as permanent parcel Nos.

443-20-20; 443-20-71; 443-20-72.

PARCEL NO. 1:

Situated in the City of Parma, County of Cuyahoga and State of Ohio, and known as being Sublot No. 37 in The James G. Bingham Realty Company's Pearlridge Park Subdivision of part of Original Parma Township Lot No. 4, Blake Tract, as shown by the recorded plat in Volume 67 of Maps, Page 28 of Cuyahoga County Records, and being 40 feet front on the Northwestern side of Pearl Road and extending back 145.31 feet deep on the Northeastly line, 121.74 feet deep on the Southwesternly line, and 46.51 feet wide in the rear, as appears by said plat, be the same more or less, but subject to all legal highways. *V MCK*

PARCEL NO. 2:

Situated in the City of Parma, County of Cuyahoga and State of Ohio, and known as being Sublot No. 38 in The James G. Bingham Realty Company's Pearlridge Park Subdivision of part of Original Parma Township Lot No. 4, Blake Tract, as shown by the recorded plat in Volume 67 of Maps, Page 28 of Cuyahoga County Records, and being 40 feet front on the Northwestern side of Pearl Road and extending back 121.74 feet deep on the Northeastly line, 98.17 feet deep on the Southwesternly line, which is also the Northeastly line of Maysday Avenue and 46.51 feet wide in the rear, as appears by said plat, be the same more or less, but subject to all legal highways. *V MCK*

PARCEL NO. 3:

Situated in the City of Parma, County of Cuyahoga and State of Ohio, and known as being Sub-lot No. 39 in James G. Bingham Realty Company's Pearl Ridge Park Subdivision of part of Original Parma Township Lot No. 4, Blake Tract, as shown by the recorded plat in Volume 67 of Maps, Page 28 of Cuyahoga County Records, and being 41.92 feet front on the Northerly side of Maysday Avenue, and extending back 110 feet on the Westerly line, 111.86 feet on the Easterly line, and having a rear line of 60 feet, as appears by said plat, be the same more or less, but subject to all legal highways. *V MCK*

PARTNERSHIP FILED
VOLUME

NO.

GERALD E. FUERNST - CLERK OF COURTS
CUYAHOGA COUNTY

VOL 142796 732

RECORDER'S NOTE:

SHOWING THROUGH THIN PAPER WITH TYPING
ON THE BACK

be the same more or less, but subject to all legal highways.

To have and to hold the above granted and bargained premises, with the appurtenances there-
unto belonging, unto the said Grantee, ADRON COMPANY its heirs and assigns forever. And the said
Grantor, for it and its heirs, executors and administrators, covenant with the
said Grantee its heirs and assigns, that at and until the ensealing of these presents, ADRON
COMPANY is well seized of the above described premises as a good and indefeasible estate in fee simple, and have good
right to bargain and sell the same in manner and form as above written; that the same are free and clear
from all incumbrances whatsoever except a first purchase money mortgage in the
amount of \$136,350.00 to the ADRON COMPANY, mortgagee, restrictions of
record and any reservations and easements created in conjunction with
such restrictions, zoning ordinances, if any, and taxes and assessments
both general and special for the first half of the year 1976 and
thereafter,

ADRON COMPANY
and that will warrant and defend said premises, with the appurtenances thereunto belonging,
to the said Grantee, its heirs and assigns forever, against all lawful claims and demands what-
soever.

In witness whereof, I have hereunto set my hand the 19th

day of July, A. D. 1976

Signed and acknowledged in presence of

Charles Sawney
Robert T. Lewis

Ada S. Krottinger
 Ada S. Krottinger, Managing Partner

State of Ohio, } ss. Before me, a Notary Public
 CUYAHOGA County, } in and for said County and State, personally appeared the above
 named Ada S. Krottinger, who acknowledged that she is the Managing
 Partner of Adron Company, that she is duly authorized to sign the
 within Deed and who further
 who acknowledged that she did sign the foregoing instrument, and that the same is her
 free act and deed.

In testimony whereof, I have hereunto set my hand and official seal, at Cleveland
Ohio this 19 day of July, A. D. 1976.

Robert T. Lewis
 Notary Public

ROBERT T. LEWIS
 Notary Public for Cuyahoga County
 My Commission Expires Aug. 17, 1980

11 Sawaya 24554 212.
363107
WARRANTY DEED

FROM

ADRON COMPANY

5.00 TO
UNION EYE CARE CENTER, INC.

3 former

RECEIVED FOR RECORD

at _____ 19____
Recorded _____ 19____
in _____ County Records
Volume _____ Page _____
MAR 16 1976
COUNTY RECORDS
CLAYTON
DOUGLAS
RECORDED
MYRON

RECORDER

ENTERED FOR TRANSFER

PARCEL NO. 443-207112

CONVEYANCE IS IN COMPLIANCE WITH SEC. 319.202 O.R.C.

PAID

Conveyance Fee _____
This instrument prepared by: 191451
TYPE _____ AR'S LEADTH YES _____
GEORGE V. VOINOVICH, County Auditor By _____
MYRON N. KROTINGER, ESQ.

OK MCK

THE OHIO LEGAL BLANK CO., CLEVELAND

363107 Sawaya 36554

Know all Men by these Presents:

That H & H Toroidal Winding Co.,

a Corporation incorporated under the laws of the State of Ohio, the Grantor,

who claim B title by or through instrument _____, recorded in Volume _____, Page _____, County

Recorder's Office, for the consideration of Ten and no/100----- Dollars

and other valuable considerations

(\$ 10.00) received to its full satisfaction of Union Eye Care

Center, Inc., an Ohio Corporation, the Grantee,

whose TAX MAILING ADDRESS will be 26215 Tungsten Road, Euclid, Ohio

44132

do give, grant, bargain, sell and convey unto the said Grantee, its ^{successors} ~~heirs~~ and assigns, the following described premises situated in the City of Euclid,

County of Cuyahoga and State of Ohio:

and known as being part of Block "A" in Frank Mavec's Euclid Industrial Park of part of Original Euclid Township Tract No. 20, Morse Tract, Burk Tract and part of Sublot No. 13 in J. C. Ambler's Subdivision (Volume 26, Page 9 of Cuyahoga County Map Records) as recorded in Volume 176 of Maps, Page 42 of Cuyahoga County Records and further bounded and described as follows:

Beginning at the point of intersection of the northerly side-line of Tungsten Road (60 feet wide) with the easterly side-line of East 260th Street (60 feet wide); thence North 89° 46' 50" East along said northerly sideline of Tungsten Road 628.65 feet to an angle point; thence South 89° 57' 00" East continuing along said northerly sideline of Tungsten Road 300.00 feet to the principal place of beginning of the premises herein intended to be described;

COURSE I. Thence continuing South 89° 57' 00" East along said Northerly sideline of Tungsten Road 70.00 feet to a point;

COURSE II. Thence North 0° 03' 00" East 250.00 feet to a point;

COURSE III. Thence North 89° 57' 00" West 70.00 feet to a point;

COURSE IV. Thence South 0° 03' 00" West 250.00 feet to the principal place of beginning and containing 0.402 acres of land,

be the same more or less, but subject to all legal highways.

and assigns forever. And the said grantor does for itself and its successors and assigns covenant with said grantee, its successors and assigns, that at and until the ensueing of these presents it is well seized of the above described premises as a good and indefeasible estate in fee simple, and has good right to bargain and sell the same in manner and form as above written; that the same are free and clear from all incumbrances whatsoever except restrictions of record and any conditions, reservations and easements created in conjunction with such restrictions, zoning ordinances, if any, and taxes and assessments, both general and special, for the last half of the year 1972 and thereafter,

and that it will warrant and defend said premises, with the appurtenances thereunto belonging, to the said grantee, its successors and assigns, forever, against all lawful claims and demands whatsoever.

In witness whereof said corporation sets its hand and corporate seal,
by Karl H. Hoffmann, its President
and Darvin G. Hartzell, its Secretary
this 30th day of April A. D. 1973 Treasurer

H & H Toroidal Winding Co.

Signed and acknowledged in the presence of

By Karl H. Hoffmann
Karl H. Hoffmann
President
Darvin G. Hartzell
Darvin G. Hartzell
Secretary-Treasurer

THE STATE OF OHIO

Cuyahoga County

ss.

Before me, a Notary Public in and for said County, personally appeared the above named H & H Toroidal Winding Co.

by Karl H. Hoffmann, its President
and Darvin G. Hartzell, its Secretary-Treasurer
who acknowledged that they did sign the foregoing instrument and that the same is the free act and deed of said corporation and the free act and deed of each of them personally and as such officers.

In testimony whereof I have hereunto set my hand and official seal, at Euclid, Ohio, this 30th day of April 1973
R. N. Gudbranson Notary Public

This instrument prepared by:
Robert N. Gudbranson
Attorney at Law
1145 Terminal Tower
Cleveland, Ohio 44113

R. N. GUDBRANSON, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date.
Service 147.94 P. C.

620450
WARRANTY DEED

FROM

H & H TOROIDAL WINDING CO.

TO

an OHIO CORPORATION

UNION EYE CARE CENTER, INC.

an OHIO CORPORATION

RECEIVED FOR RECORD

RECORDED
MAY 30 2 50 PM '73
Cuyahoga County Records
at
in
Volume
Page

CONVEYANCE HAS BEEN EXAMINED
AND IS IN COMPLIANCE WITH
SEC. 5702-1-1

ENTERED FOR TRANSFER

MAY 3 1973

RECEIPT NO. 125992

Record No. 125992

Volume 58914

Page 1

General 58914

THE OHIO LEGAL BLANK CO., CLEVELAND
This instrument prepared by:
Robert N. Gudbranson
1145 Terminal Tower
Cleveland, Ohio 44113

Union Eye Care Center, Inc. Locations

Akron – 1948 Buchholzer Blvd. Akron, OH 44310

Brunswick - 1333 N. Carpenter Rd. Brunswick, OH 44312

Cleveland - 2020 Carnegie Avenue Cleveland, OH 44115

Garfield - 9571 Vista Way Garfield Heights, Ohio 44125

Parma - 5370 Pearl Rd. Parma, Ohio 44129

Mentor - 7593 Mentor Avenue Mentor, Ohio 44060

Clinic - 2022 E. 105th St i29 Cleveland, Ohio 44106

N. Olmsted - 23150 Lorain Rd. North Olmsted, Ohio 44070

Lab – 26215 Tungsten Rd. Euclid, Ohio 44123

HQ – 4750 Beidler Rd. Willoughby, Ohio 44094

Each location has exam equipment except for the Cleveland Clinic location

Estimated values of Inventory Per location

| | Frames | Value | Accessories | Value |
|------------|--------|-------------|---------------|-----------|
| Akron | 1688 | \$75,318.85 | 1024 | \$1989.72 |
| Brunswick | 1845 | \$74,927.23 | 289 | \$596.51 |
| Cleveland | 1334 | \$59,373.46 | 8 | \$7.12 |
| Garfield | 1095 | \$52,307.97 | 724 | \$598.31 |
| Parma | 1831 | \$65,425.05 | 806 | \$1165.50 |
| Mentor | 1441 | \$65,091.28 | 131 | \$88.99 |
| Clinic | 1406 | \$63,071.06 | 198 | \$225.90 |
| N. Olmsted | 1495 | \$61,783.52 | Not in System | |

Fill in this information to identify the case:

Debtor name **Union Eye Care Center, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|------------|--|---|--|---------------|
| 2.1 | Square Foot <small>Creditor's Name</small> 4507 Biedler Rd. Willoughby, OH 44094 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 2019 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien Stored boxes, files and old typewriters Describe the lien Possessory Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |

| | | | | |
|------------|---|---|----------------|-------------------|
| 2.2 | Stearns Bank <small>Creditor's Name</small> 500 13th Street Albany, MN 56307 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 2016 Last 4 digits of account number Do multiple creditors have an interest in the same property? | Describe debtor's property that is subject to a lien Prescription reader and edger Describe the lien Security interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply | Unknown | \$5,000.00 |
|------------|---|---|----------------|-------------------|

Debtor **Union Eye Care Center, Inc.**

Case number (if know)

Name

- ☒ No
- ☐ Contingent
- ☐ Yes. Specify each creditor,
including this creditor and its relative
priority.
- ☒ Unliquidated
- ☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$0.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|------------------|--|---|
| | | |

Fill in this information to identify the case:Debtor name **Union Eye Care Center, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|---|--|-----------------|-----------------|
| 2.1 | Priority creditor's name and mailing address A'LAYNA NETTLES 9600 Nelson Ave. Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$138.44 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.2 | Priority creditor's name and mailing address A'LEYAH NETTLES 9600 Nelson Ave. Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$158.36 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | |
|--|---|------------------------|
| | Debtor Union Eye Care Center, Inc. | Case number (if known) |
| | Name | |

| | | | | |
|-----|--|--|-----------------|---------------|
| 2.3 | Priority creditor's name and mailing address AARON TUCKER 5799 South Winds Drive 85 Mentor-On-The Lake, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$539.28 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|---|--|-----------------|---------------|
| 2.4 | Priority creditor's name and mailing address ABBY CHIRDON 7418 Fayette Blvd Chippewa Lake, OH 44215 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$294.11 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|-----------------|---------------|
| 2.5 | Priority creditor's name and mailing address ABE SAAVERDA 3810 Cecilia Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$137.81 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|-----------------|---------------|
| 2.6 | Priority creditor's name and mailing address Adams Michael F 14355 Sperry Rd Newbury, OH 44065 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$171.20 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|---|------------------------|--|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
|--------|---|------------------------|--|

| | | | | |
|---|--|--|-----------------|---------------|
| 2.7 | Priority creditor's name and mailing address ADASHA BIAS 28 Trenton Square Cleveland, OH 44143 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$110.88 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.8 | Priority creditor's name and mailing address ADDIE MAY 13506 Caine Ave Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$232.64 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.9 | Priority creditor's name and mailing address AGNES MORAN 364 Starrline Dr Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$334.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|----------------|---------------|
| 2.10 | Priority creditor's name and mailing address ALAN KOVANITZ 3750 W. 135st Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.62 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|---|--|------------------------|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
|--------|---|--|------------------------|

| | | | | |
|---|---|---|-----------------|---------------|
| 2.11 | Priority creditor's name and mailing address Algeri Daniel 10780 PYLE SOUTH AMHERST RD OBERLIN, OH 44074-8503 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$125.38 | \$0.00 |
| Date or dates debt was incurred 4/8/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.12 | Priority creditor's name and mailing address ALLISON BERRY 244 Edgerton Rd Akron, OH 44303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$210.87 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|---------------|---------------|
| 2.13 | Priority creditor's name and mailing address Alvarado II Hector 4508 W 221ST ST FAIRVIEW PARK, OH 44126-3305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.14 | Priority creditor's name and mailing address Ammons Tiffany 6283 Sylvia Dr Brookpark, OH 44142 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$182.52 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | |
|--|---|------------------------|
| | Debtor Union Eye Care Center, Inc. | Case number (if known) |
| | Name | |

| | | | | |
|------|---|--|-----------------|---------------|
| 2.15 | Priority creditor's name and mailing address ANA MARTIN 897 Beacon St Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$213.48 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-----------------|---------------|
| 2.16 | Priority creditor's name and mailing address Anderson Janice 15040 Triskett Rd Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$201.68 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-----------------|---------------|
| 2.17 | Priority creditor's name and mailing address Anderson Eric 5464 Prestwick Lane Cleveland, OH 44143 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$611.84 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|---------------|
| 2.18 | Priority creditor's name and mailing address ANDREW PIVNICKA 1454 Trader Dr Streetsboro, OH 44241 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$322.06 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.19 | Priority creditor's name and mailing address Angerstien Deborah 2859 Mohican Blvd Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$800.00 | \$0.00 |
| Date or dates debt was incurred 4/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|----------------|---------------|
| 2.20 | Priority creditor's name and mailing address ANGYNE BOOKER 3962 East 123rd Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$80.29 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.21 | Priority creditor's name and mailing address ANN KOVANITZ 3750 W. 135st Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$124.22 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.22 | Priority creditor's name and mailing address ANNE ULANOWSKI 1948 Hawthorne Ave. Stow, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$525.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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|------|--|--|----------------|---------------|
| 2.23 | Priority creditor's name and mailing address ANNETTE MITCHELL 881 Eddie Rd Apt 8 Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$75.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|---|--|-----------------|---------------|
| 2.24 | Priority creditor's name and mailing address Antalik Annette 531 Lydon Ave. Ashtabula, OH 44004 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.19 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|-----------------|---------------|
| 2.25 | Priority creditor's name and mailing address ANTHONY GROSSER 4012 Biddulph Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$169.93 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|---|--|-----------------|---------------|
| 2.26 | Priority creditor's name and mailing address ANTHONY HOCHEVAR 2431 Park Drive Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$408.24 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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|---|--|--|-----------------|---------------|
| 2.27 | Priority creditor's name and mailing address ANTHONY KOZAK 4880 Kennedy Dr. Brooklyn, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$364.10 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.28 | Priority creditor's name and mailing address Antosh Barbara A 1676 Eldon Dr Wickliffe, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$212.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---------------|---------------|
| 2.29 | Priority creditor's name and mailing address APRIL HARRISON 15907 Grovewood Avenue Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.30 | Priority creditor's name and mailing address Archie Kellie 2250 Par Lane Apt. #1212 Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$591.26 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.31 | Priority creditor's name and mailing address Arrossi Andrea 5700 Blair Dr Cleveland, OH 44143 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$416.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|---|--|-----------------|---------------|
| 2.32 | Priority creditor's name and mailing address ARTURO RUIZ 3450 Seymore Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$232.20 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|---------------|---------------|
| 2.33 | Priority creditor's name and mailing address ASHLEY ARNOLD 7514 Olde Eight Road Hudson, OH 44236 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$6.89 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|-----------------|---------------|
| 2.34 | Priority creditor's name and mailing address ASHLEY UYEK 1064 Lincoln Ave Cuyahoga Falls, OH 44221 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$387.90 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.35 | Priority creditor's name and mailing address Avallone Cynthia 21212 HICKORY BRANCH TR Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$346.60 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|-----------------|---------------|
| 2.36 | Priority creditor's name and mailing address Azzato Elizabeth 10 Park Lane Moreland Hills, OH 44022 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$224.64 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|---------------|
| 2.37 | Priority creditor's name and mailing address Bacho Pamela 5303 Berskire Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$323.12 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|-----------------|
| 2.38 | Priority creditor's name and mailing address Badaracco, Michael 6752 Reid Dr Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$963.20 | \$963.20 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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|---|--|--|---------------|---------------|
| 2.39 | Priority creditor's name and mailing address BAJINDER KAUR 10580 Tudor Cr North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|---------------|---------------|
| 2.40 | Priority creditor's name and mailing address Ball Cynthia 3633 Menlo Road Shaker Heights, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 5/7/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.41 | Priority creditor's name and mailing address Ball Norsie 13406 Lorenzo Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$225.51 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.42 | Priority creditor's name and mailing address BAR STASKO 3323 Grovewood Avenue Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$498.96 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **Union Eye Care Center, Inc.**
Name

Case number (if known)

2.43 Priority creditor's name and mailing address

Baranyk Janice
4402 VALLEYSIDE RD
CLEVELAND, OH 44135-1050

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$0.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Eyeglass Purchase or Deposit

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No

☐ Yes

2.44 Priority creditor's name and mailing address

BARBARA KAMINSKI
5729 East 146th
Maple Heights, OH 44137

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$362.88 **\$0.00**

Date or dates debt was incurred

2018 -2019

Basis for the claim:

Eyeglass orders or deposits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No

☐ Yes

2.45 Priority creditor's name and mailing address

BARBARA LADIKOS
13810 Glennbrook Dr
Strongsville, OH 44136

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$589.26 **\$0.00**

Date or dates debt was incurred

2018 -2019

Basis for the claim:

Eyeglass orders or deposits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No

☐ Yes

2.46 Priority creditor's name and mailing address

BARBARA PISTILLI
3209 Altoona Road
Cleveland, OH 44109

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$226.63 **\$0.00**

Date or dates debt was incurred

2018 -2019

Basis for the claim:

Eyeglass orders or deposits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No

☐ Yes

Name

| | | | | |
|------|--|--|-----------------|---------------|
| 2.47 | Priority creditor's name and mailing address BARBARA WILLIAMS 2501 East 59st Cleveland, OH 44104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$102.36 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|---|----------------|---------------|
| 2.48 | Priority creditor's name and mailing address Barnes Chene 5918 MONICA LN GARFIELD HEIGHTS, OH 44125-5104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$90.00 | \$0.00 |
| | Date or dates debt was incurred 11/1/2018 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|---|-----------------|---------------|
| 2.49 | Priority creditor's name and mailing address Barnes Kristie 164 PARKWAY DR EASTLAKE, OH 44095-1415 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$172.27 | \$0.00 |
| | Date or dates debt was incurred 5/1/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|---|-----------------|---------------|
| 2.50 | Priority creditor's name and mailing address Barnett-hudson Phyllis 4725 HILLARY LN CLEVELAND, OH 44143-2910 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$406.28 | \$0.00 |
| | Date or dates debt was incurred 3/13/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.51 | Priority creditor's name and mailing address Baron Mel 170 East 294th Street Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.30 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.52 | Priority creditor's name and mailing address Bartholomew Jeff 16201 East High St Middlefield, OH 44062 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$212.93 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.53 | Priority creditor's name and mailing address Bartholomew Jeff 16201 East High St Middlefield, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$290.53 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|---|-----------------|---------------|
| 2.54 | Priority creditor's name and mailing address Basiewicz Kari 6433 ALMONT DR BROOKPARK, OH 44142-3654 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$221.48 | \$0.00 |
| Date or dates debt was incurred 4/22/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.55 | Priority creditor's name and mailing address BELLA EFRAIM 10380 Oviatt Lane Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$190.54 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.56 | Priority creditor's name and mailing address BEN BATTON 8906 Valleyview Rd. Macedonia, OH 44056 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$216.98 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.57 | Priority creditor's name and mailing address Benford Odell 10618 PRINCE AVE CLEVELAND, OH 44105-2756 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$428.76 | \$0.00 |
| Date or dates debt was incurred 4/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.58 | Priority creditor's name and mailing address Bennett Gwendolyn 1064 HEREFORD RD CLEVELAND HEIGHTS, OH 44112-3638 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.59 | Priority creditor's name and mailing address Benson Monica 24329 Carla Lane North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$196.76 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.60 | Priority creditor's name and mailing address Benson Monica 24329 CARLA LN NORTH OLMSTED, OH 44070-1021 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$196.76 | \$0.00 |
| Date or dates debt was incurred 4/18/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.61 | Priority creditor's name and mailing address Bergfeld John 38100 Jackson Rd Chagrin Falls, OH 44023 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$252.72 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.62 | Priority creditor's name and mailing address Bergmann Cornelia 2500 Euclid Hts Blvd Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$363.88 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.63 | Priority creditor's name and mailing address BERNADETTE DICKINSON 7603 Manhattan Ave. Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$89.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.64 | Priority creditor's name and mailing address BERNARD DAVIS 13 Brune Dr. Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.65 | Priority creditor's name and mailing address Berry Allison 244 EDGERTON RD AKRON, OH 44303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$210.87 | \$0.00 |
| Date or dates debt was incurred 5/3/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.66 | Priority creditor's name and mailing address Berry Detra 1101 East 167th Street Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$261.47 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.67 | Priority creditor's name and mailing address Berry Lesli 244 EDGERTON RD AKRON, OH 44303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$142.55 | \$0.00 |
| Date or dates debt was incurred 5/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.68 | Priority creditor's name and mailing address Besselman, Megan 33880 Beachpark Dr Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$792.00 | \$792.00 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.69 | Priority creditor's name and mailing address Blonski Mary Jo 12166 Snowville Rd Brecksville, OH 44141 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$343.00 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.70 | Priority creditor's name and mailing address Blue Eric 8064 Springfield Drive #806 North RoyalTON, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$375.84 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.71 | Priority creditor's name and mailing address BOBBIE BENKALOWYCZ 4327 Jennings Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$441.05 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.72 | Priority creditor's name and mailing address Bohland George 4065 Elmore Rd Fairview Park, OH 44126-1418 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$109.50 | \$0.00 |
| Date or dates debt was incurred 4/15/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.73 | Priority creditor's name and mailing address Boltauzer, David 34040 Ridge Rd Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$1,500.00 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.74 | Priority creditor's name and mailing address Booker Anyne 3962 E 123rd St Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$80.29 | \$0.00 |
| Date or dates debt was incurred 4/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
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| 2.75 | Priority creditor's name and mailing address Borges, Melanie 1470 West 114th St Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,457.68 | \$1,457.68 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.76 | Priority creditor's name and mailing address Boyd Chanille 900 Mckinley Ave Akron, OH 44306 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$205.92 | \$0.00 |
| Date or dates debt was incurred 4/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.77 | Priority creditor's name and mailing address Boyd Michael 1830 East 87th Street #30 Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$169.60 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.78 | Priority creditor's name and mailing address Bradac, Laura 33832 WILLOWICK DR Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$299.60 | \$299.60 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.79 | Priority creditor's name and mailing address Bradley Renee 12135 QUARTERMANE CIR CHARDON, OH 44024-2410 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$139.10 | \$0.00 |
| Date or dates debt was incurred 5/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.80 | Priority creditor's name and mailing address BRANDON DUDLEY 9365 Andrew Drive Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$415.39 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.81 | Priority creditor's name and mailing address BRATISLAVKA ALEMPIJEVIC 6849 Greenbriar Dr Parma Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$60.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.82 | Priority creditor's name and mailing address Braun Rebecca 5020 Orchard Rd Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$50.00 | \$0.00 |
| Date or dates debt was incurred 4/15/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.83 | Priority creditor's name and mailing address BRENDA MACON 17116 Judson Drive Garfield Heights, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$305.54 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.84 | Priority creditor's name and mailing address BRIAN CORRIGAN 6280 Boston Rd Valley City, OH 44280 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$141.98 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.85 | Priority creditor's name and mailing address BRIAN JACOBS 3890 Wyndham Apt 101 Cuyahoga Falls, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$181.44 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.86 | Priority creditor's name and mailing address BRIAN PRICE 1520 Clearbrooke #111 Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$428.07 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
| 2.87 | Priority creditor's name and mailing address Broderick Joni 33920 MCAFEE DR SOLON, OH 44139-1726 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
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| 2.88 | Priority creditor's name and mailing address BROOKE DUFFIELD 16357 Bowfin Drive Brookpark, OH 44142 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$71.52 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | | | | |
| 2.89 | Priority creditor's name and mailing address Brooks Anthony 3220 Euclid Hts. Blvd. Cleveland Hts., OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$259.92 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
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| 2.90 | Priority creditor's name and mailing address Brown Karla 20475 Eastwood Ave Fairview Park, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$267.44 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
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| 2.91 | Priority creditor's name and mailing address BRUCE MORRISON 2379 Eardley Rd University Hts, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$512.08 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.92 | Priority creditor's name and mailing address BRUCE RING 194Warner Rd Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$537.64 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.93 | Priority creditor's name and mailing address Buduleta Elisabeth 12929 Old Mill Rd Spencer, OH 44275 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$363.20 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.94 | Priority creditor's name and mailing address Buettner Sarah 5243 Harmony Lane Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$333.84 | \$0.00 |
|------|--|--|-----------------|---------------|

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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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|---|---|--|-----------------|---------------|
| 2.95 | Priority creditor's name and mailing address Burich Daniel 24471 Stephen Ave Euclid, OH 44123 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$399.11 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.96 | Priority creditor's name and mailing address Burls Jenifer 321 BRAD DR BRUNSWICK, OH 44212-1426 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$140.00 | \$0.00 |
| Date or dates debt was incurred 4/30/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.97 | Priority creditor's name and mailing address Caine Diane 7957 BRICHFORD RD MENTOR, OH 44060-5916 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$213.55 | \$0.00 |
| Date or dates debt was incurred 3/11/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|-----------------|
| 2.98 | Priority creditor's name and mailing address Cakic, Milica 7277 Nobb Hill Dr Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$387.60 | \$387.60 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
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| 2.99 | Priority creditor's name and mailing address Calhoun Gerald 1810 Grand Blvd. Euclid, OH 44117 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$332.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.100 | Priority creditor's name and mailing address CAMERON DOBSON 4783 Emerald Lane Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.89 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.101 | Priority creditor's name and mailing address Caminero Israel 4492 Camellia Ln North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$241.89 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.102 | Priority creditor's name and mailing address Campbell Diane 6791 Neff Rd Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$187.00 | \$0.00 |
| Date or dates debt was incurred 3/22/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.103 | Priority creditor's name and mailing address Campbell Paulia 824 London Road Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$287.44 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.104 | Priority creditor's name and mailing address CARA MANGANO 5296 West 50th Street Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$122.04 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.105 | Priority creditor's name and mailing address Carlo Beverly 629 Saint Lawrence Blvd Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$133.93 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.106 | Priority creditor's name and mailing address CAROL CLAUS 6201 Ranchview Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$279.08 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.107 | Priority creditor's name and mailing address CAROL DOLNEY 2276 Ross Dr Stow, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300.49 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.108 | Priority creditor's name and mailing address CAROL MCCAFFERTY 4840 West 14th Street Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$309.56 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.109 | Priority creditor's name and mailing address CAROLYN KILGORE 475 Westwood Ave Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$375.71 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.110 | Priority creditor's name and mailing address CAROLYN THOMAS 4221 East 162nd Cleveland, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$368.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|-------|--|---|-----------------|---------------|
| 2.111 | Priority creditor's name and mailing address Carr Kenneth 5694 HARRISON AVE MAPLE HEIGHTS, OH 44137-3357 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|---|--|-----------------|---------------|
| 2.112 | Priority creditor's name and mailing address Carroll Donald 18981 Landing Lane Columbia Station, OH 44028 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$344.20 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglasses, deposits or orders Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|---|-----------------|---------------|
| 2.113 | Priority creditor's name and mailing address Carroll Donald 18981 LANDING LN COLUMBIA STATION, OH 44028-9197 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$344.20 | \$0.00 |
|-------|--|---|-----------------|---------------|

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|--|--|
| Date or dates debt was incurred 3/30/2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|-----------------|-----------------|
| 2.114 | Priority creditor's name and mailing address Carver, Maria 5550 WINDRUSH COURT Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$844.48 | \$844.48 |
|-------|--|--|-----------------|-----------------|

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| Date or dates debt was incurred May, 2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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|-------|--|--|-----------------|---------------|
| 2.115 | Priority creditor's name and mailing address CASSANDRA MOORE 3557 East 103 Street Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$153.64 | \$0.00 |
|-------|--|--|-----------------|---------------|

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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
|--|--|

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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|---|---|

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|-------|--|--|-----------------|---------------|
| 2.116 | Priority creditor's name and mailing address Cassidy Ann 13800 Shaker Blvd Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$362.88 | \$0.00 |
|-------|--|--|-----------------|---------------|

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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|----------------|---------------|
| 2.117 | Priority creditor's name and mailing address CATHERINE MAHAN 22065 River Oaks Dr # 6 Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$75.40 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|---|--|-----------------|---------------|
| 2.118 | Priority creditor's name and mailing address CATHERINE MANSON 6192 Yorktown Drive Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$454.32 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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|---|---|
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.119 | Priority creditor's name and mailing address CATHRYN CHETNIK 5500 Charleston Drive Valley City, OH 44280 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$405.19 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.120 | Priority creditor's name and mailing address CATHY CARSON 1683 East 79 Th St Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$68.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.121 | Priority creditor's name and mailing address Cavett Joshua 33142 Sandpiper Ct North Ridgeville, OH 44039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$287.52 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|---------------|---------------|
| 2.122 | Priority creditor's name and mailing address Central Collection Agency 1701 Lakeside Avenue Cleveland, OH 44114-1118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Listed for Precaution | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.123 | Priority creditor's name and mailing address Cerney Gordon 190 Belmar Blvd Avon Lake, OH 44012 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$286.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.124 | Priority creditor's name and mailing address Cerney Karen 190 Belmar Blvd Avon Lake, OH 44012 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$286.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.125 | Priority creditor's name and mailing address CHANILLE BOYD 900 McKinley Ave. Akron, OH 44306 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$205.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.126 | Priority creditor's name and mailing address CHARLES COLLINS 13302 Cormere Apt# 402 Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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|-------|--|--|-----------------|---------------|
| 2.127 | Priority creditor's name and mailing address CHARLES KRONHE 6421 Lafayette Road Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$152.65 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.128 | Priority creditor's name and mailing address CHARLES RECTOR 916 Mesquite Ln. Barberton, OH 44203 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$193.35 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|---------------|---------------|
| 2.129 | Priority creditor's name and mailing address CHARLES SCHEIMAN 3773 Ruth Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3.98 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-----------------|---------------|
| 2.130 | Priority creditor's name and mailing address CHARLES SERRANO 26043 Redwood Dr Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$785.47 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.131 | Priority creditor's name and mailing address Cheng Jianguo 7323 Shinnecock Dr Solon, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$603.20 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.132 | Priority creditor's name and mailing address CHERITA GRIFFIN 1141 Allendale Ave. Akron, OH 44306 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$285.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.133 | Priority creditor's name and mailing address CHERYL HUFFER 3423 Priscilla Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$152.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.134 | Priority creditor's name and mailing address CHERYL WEISS 6472 State Rd J6 Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$264.02 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.135 | Priority creditor's name and mailing address Childs Karen 7027 State Rd #204 Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$29.08 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.136 | Priority creditor's name and mailing address CHRIS BERRY 244 Edgerton Rd Akron, OH 44303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$142.55 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.137 | Priority creditor's name and mailing address CHRIS LANGE 1522 Hydepark Akron, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$577.86 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.138 | Priority creditor's name and mailing address CHRIS SCHENOSKY 7707 Kenilworth Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100.31 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.139 | Priority creditor's name and mailing address Christ, Tracy 4816 whyem dr B1 Akron, OH 44319 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$571.20 | \$571.20 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.140 | Priority creditor's name and mailing address CHRISTINE APONE 3981 West 157th Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$38.45 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.141 | Priority creditor's name and mailing address CINDY DALEY 1628 Cook Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$469.80 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.142 | Priority creditor's name and mailing address CINDY STEPKO 7543 Elmhurst Seven Hills, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$197.96 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.143 | Priority creditor's name and mailing address Cisar Deborah 4204 WETZEL AVE CLEVELAND, OH 44109-5344 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$248.00 | \$0.00 |
| Date or dates debt was incurred 1/7/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.144 | Priority creditor's name and mailing address CLEM BEAUMONT 6051 S. Perkins Rd. Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$65.93 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.145 | Priority creditor's name and mailing address Clemens Susan 1241 Stonewood Ct. Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$152.77 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.146 | Priority creditor's name and mailing address Cobb John 19419 WICKFIELD AVE WARRENSVILLE HEIGHTS, OH 44122-6538 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$180.00 | \$0.00 |
| Date or dates debt was incurred 4/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.147 | Priority creditor's name and mailing address Code-Jones Toni 757 INDEPENDENCE AVE AKRON, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|-----------------|---------------|
| 2.148 | Priority creditor's name and mailing address Cogan Barbara 21157 Northwood Fairview Park, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$528.00 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglasses, deposits or orders Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.149 | Priority creditor's name and mailing address Coleman Tina 2307 Sherwin Drive Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$344.70 | \$0.00 |
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| Date or dates debt was incurred 4/25/2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|-----------------|---------------|
| 2.150 | Priority creditor's name and mailing address COLLEEN REALI 1920 Marshfield Blvd Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$338.34 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass orders or deposits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.151 | Priority creditor's name and mailing address CONNIE WALLACE 8518 E 1189th Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$265.50 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.152 | Priority creditor's name and mailing address Coppers John 24201 Smith Ave Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$493.56 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|---------------|---------------|
| 2.153 | Priority creditor's name and mailing address CORAZON VINAS 10301 Lake Avenue #220 Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.21 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.154 | Priority creditor's name and mailing address Corbin Teresa 7270 Ledgewood Drive Kirtland, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$142.81 | \$0.00 |
| | Date or dates debt was incurred 4/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.155 | Priority creditor's name and mailing address Cortes Maria 8567 Bentley Dr Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$142.56 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.156 | Priority creditor's name and mailing address Cox Barbara 2071 Murray Hill Road Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$490.48 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.157 | Priority creditor's name and mailing address Cox Barbara 2071 Murray Hill Rd Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$490.48 | \$0.00 |
| | Date or dates debt was incurred 3/18/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.158 | Priority creditor's name and mailing address Crossley, Patricia 7967 B PURITAN DRIVE Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,457.68 | \$1,457.68 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.159 | Priority creditor's name and mailing address Csongedi Rich 5042 Avon Belden Rd North Ridgeville, OH 44039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$250.29 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.160 | Priority creditor's name and mailing address Culpepper Jeannace 727 East 156 Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$219.24 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.161 | Priority creditor's name and mailing address Culpepper Jeannace 727 East 165th Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$557.28 | \$0.00 |
| | Date or dates debt was incurred 12/28/2018 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.162 | Priority creditor's name and mailing address Culpepper Jeannace 727 East 165th Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$219.24 | \$0.00 |
| | Date or dates debt was incurred 3/26/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
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| 2.163 | Priority creditor's name and mailing address Cuyahoga County Auditor 2079 East Ninth Street Cleveland, OH 44115 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|---------------|---------------|
| 2.164 | Priority creditor's name and mailing address Cuyahoga County Fiscal Officer 2079 East Ninth Street Cleveland, OH 44115 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.165 | Priority creditor's name and mailing address Dague Kenneth 6388 South Cedarwood Rd Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$283.76 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|---|---------------|---------------|
| 2.166 | Priority creditor's name and mailing address Dague Kenneth 6388 S Cedarwood Rd Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred 4/27/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.167 | Priority creditor's name and mailing address Dalton Robert 107 Nantucket Circle Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$442.98 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.168 | Priority creditor's name and mailing address Dalton Robert 107 Nantucket Cir Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$442.98 | \$0.00 |
| Date or dates debt was incurred 4/22/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.169 | Priority creditor's name and mailing address DAN HAYAS P.o.box 209 Chippewa Lake, OH 44215 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$518.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.170 | Priority creditor's name and mailing address DAN STANLEY 2985 Pepperhill Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$59.58 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
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| 2.171 | Priority creditor's name and mailing address Danesi Cheryl 1294 Jones Road Jefferson, OH 44047 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$92.80 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.172 | Priority creditor's name and mailing address Danesi Cheryl 1294 JONES RD JEFFERSON, OH 44047 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$918.80 | \$0.00 |
| Date or dates debt was incurred 4/27/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.173 | Priority creditor's name and mailing address DANIEL GREENE 4833 West 13th Street Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$284.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.174 | Priority creditor's name and mailing address Daniel Janelle 4927 EDSAL DR LYNDHURST, OH 44124-2304 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$113.42 | \$0.00 |
| Date or dates debt was incurred 5/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.175 | Priority creditor's name and mailing address Dargush Barry 24385 Palm Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$227.94 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.176 | Priority creditor's name and mailing address Dargush Barry 24385 Palm Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$366.77 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.177 | Priority creditor's name and mailing address DAVID BLAKE 13798 Indian Creek Middleburg Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$166.43 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.178 | Priority creditor's name and mailing address DAVID BUTLER 5964 Sunset Drive Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$170.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.179 | Priority creditor's name and mailing address DAVID COBBS 10305 Manor Ave Cleveland, OH 44104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.180 | Priority creditor's name and mailing address DAVID DIETRICH 971 Spring Hill Ct Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$310.01 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.181 | Priority creditor's name and mailing address DAVID HAYES 956 Stoney Hill Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$496.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.182 | Priority creditor's name and mailing address DAVID JUDY 461 Cove Beach Ave Sheffield Lake, OH 44054 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.183 | Priority creditor's name and mailing address DAVID MUNIZ 3209 Tampa Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$115.24 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.184 | Priority creditor's name and mailing address DAVID POLEN 423 N. Market St. Loudonville, OH 44842 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$207.06 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.185 | Priority creditor's name and mailing address DAVID RODRIGUEZ 3143 West 14th Street Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$44.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.186 | Priority creditor's name and mailing address DAVID WIGLEY 2264 Major Rd Peninsula, OH 44264 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$595.67 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.187 | Priority creditor's name and mailing address Davis Bernard 13 Brune Dr. Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.188 | Priority creditor's name and mailing address Davis Sr Robert 23236 Mildred Ave North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$208.44 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglasses, deposits or orders Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.189 | Priority creditor's name and mailing address DAWN VANO 7050 Broadview Rd. Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$128.52 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass orders or deposits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.190 | Priority creditor's name and mailing address DEANNA THOMAS 566 Cliffside Ave Akron, OH 44313 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$157.50 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass orders or deposits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.191 | Priority creditor's name and mailing address DEAREL WHITE 4613 Henritze Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$6.72 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.192 | Priority creditor's name and mailing address DEBBIE CISAR 4204 Wetzel Avenue Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$276.48 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.193 | Priority creditor's name and mailing address DEBORAH ANGERSTEIN 2859 Mohican Blvd. Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$199.02 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.194 | Priority creditor's name and mailing address DEBORAH WAKEFIELD 3116 Osage Way Broadview Heights, OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$439.51 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.195 | Priority creditor's name and mailing address DEBRA PETKAC 216 Fairdale Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$117.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.196 | Priority creditor's name and mailing address DELORES MCCALL 285 Chanelwood Cir #315 Akron, OH 44307 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$203.51 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.197 | Priority creditor's name and mailing address DEMELIOUS BROWN 15702 Judson Drive Cleveland, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$444.96 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.198 | Priority creditor's name and mailing address Dempsey Rita 33161 Brookcrest Pl Avon Lake, OH 44012 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$182.52 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.199 | Priority creditor's name and mailing address Dempsey Rita 33161 Brookcrest Place Avon Lake, OH 44012 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$169.00 | \$0.00 |
| Date or dates debt was incurred 2/28/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.200 | Priority creditor's name and mailing address DENNIS ANTOLIK 4529 Gamma Ave Newburgh Hts., OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.70 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.201 | Priority creditor's name and mailing address DENNIS MOEHRING 4399 W. 57th Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$25.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.202 | Priority creditor's name and mailing address Dermawan Josephine 7392 N CHESTNUT COMMONS DR MENTOR, OH 44060-3539 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$181.44 | \$0.00 |
| Date or dates debt was incurred 4/29/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.203 | Priority creditor's name and mailing address Dermawan Josephine Kam T 7392 N Chestnut Commons Drive Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$181.44 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.204 | Priority creditor's name and mailing address DERRIKA PATTERSON 5912 Monica Lane Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$351.29 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.205 | Priority creditor's name and mailing address DESTINY THOMAS 9616 Hilgert Dr. 2nd Floor Cleveland, OH 44104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$45.15 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.206 | Priority creditor's name and mailing address DEVIN JACKSON 18730 Nitra Ave Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.207 | Priority creditor's name and mailing address DIANA TREGO 2057 Morrison Avenue Lakewood, OH 44107 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$190.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.208 | Priority creditor's name and mailing address DIANE HELMERICH 1165 Kent Dr. Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$271.14 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.209 | Priority creditor's name and mailing address DIANE WISE 488 Sagamore Rd Northfield, OH 44067 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$496.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.210 | Priority creditor's name and mailing address DIANNA FERGUSON 20500 Franklin Road Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$190.08 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.211 | Priority creditor's name and mailing address Dickerson Jerlene 4378 Sexton Road Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred 3/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.212 | Priority creditor's name and mailing address Dillard, Leah 23501 LAWRENCE RD Warrensville Hts, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$921.20 | \$921.20 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.213 | Priority creditor's name and mailing address DINA ANDERSON 1493 East 195th St Euclid, OH 44117 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.214 | Priority creditor's name and mailing address DINITA WILLIAMS 360 Kenyon Dr Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$140.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.215 | Priority creditor's name and mailing address Division of Taxation 1701 Lakeside Avenue Cleveland, OH 44114 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.216 | Priority creditor's name and mailing address Dobson Eric 4783 EMERALD LN BRUNSWICK, OH 44212-1122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.89 | \$0.00 |
| | Date or dates debt was incurred 3/22/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.217 | Priority creditor's name and mailing address Dobson Kathleen 467 MOHAWK TRL BRUNSWICK, OH 44212-1723 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred 4/20/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.218 | Priority creditor's name and mailing address Dolar James 25923 Butternut Ridge North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$87.76 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.219 | Priority creditor's name and mailing address DON HOOVER 788 Tallkron Dr Akron, OH 44302 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$345.82 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.220 | Priority creditor's name and mailing address DONNA DUNCAN 5676 Broadview Rd Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.221 | Priority creditor's name and mailing address DONNA HORST 1350 Tavondale Akron, OH 44313 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.222 | Priority creditor's name and mailing address DONNA KISH 6604 Neff Rd Valley City, OH 44280 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$544.43 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.223 | Priority creditor's name and mailing address DONNA KUEHN 3744 Mayflower Oval Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$287.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.224 | Priority creditor's name and mailing address DONNA PITROSKI 4206 Yorkshire Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$101.89 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.225 | Priority creditor's name and mailing address DONNA ROZMAN 14065 Timber Lake Dr Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$434.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.226 | Priority creditor's name and mailing address DOROTHY TAYLOR 12700 Shaker Blvd Apt 404 Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$364.82 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.227 | Priority creditor's name and mailing address DOUG ZIETLOW 4120 Columbia Rd. Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$497.63 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.228 | Priority creditor's name and mailing address DREW FISCHER 86 Shady Acres Dr Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$377.86 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.229 | Priority creditor's name and mailing address Drinko Tom 4683 Squire Dr Sagamore Hills, OH 44067 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$249.52 | \$0.00 |
| Date or dates debt was incurred 3/29/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.230 | Priority creditor's name and mailing address DUANE SPENCE 2740 Fleger Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$274.15 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | |
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| 2.231 | Priority creditor's name and mailing address Dudek Karen 675 RADFORD DR HIGHLAND HEIGHTS, OH 44143-1939 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$223.64 | \$0.00 |
| | Date or dates debt was incurred 3/22/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.232 | Priority creditor's name and mailing address Duncan Gilman 7262 NEFF RD VALLEY CITY, OH 44280 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$481.16 | \$0.00 |
| | Date or dates debt was incurred 3/16/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.233 | Priority creditor's name and mailing address Duncan Krysten 6261 Mill Rd Broadview Heights, OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$297.92 | \$0.00 |
| | Date or dates debt was incurred 2/19/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.234 | Priority creditor's name and mailing address EARL SUMNER 13338 North Boone Rd Columbia Station, OH 44028 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$139.55 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.235 | Priority creditor's name and mailing address Edmonds Glendale 792 Roscoe Street Akron, OH 44306 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$275.00 | \$0.00 |
| Date or dates debt was incurred 4/8/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.236 | Priority creditor's name and mailing address EDWARD RANCH 5008 Willowbrook Drive Cuyahoga Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$272.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.237 | Priority creditor's name and mailing address EDWARD ROGOWSKI 9105 Bancroft Ave Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$259.20 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.238 | Priority creditor's name and mailing address EDWARD SKOTKO 5114 White Pine Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$289.22 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.239 | Priority creditor's name and mailing address Eghtesad Fakhrosaddat 648 Morewood Ave Pittsburgh, PA 15213 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.80 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.240 | Priority creditor's name and mailing address ELAINE EDEN 13204 Oak Park Blvd Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$160.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.241 | Priority creditor's name and mailing address ELAINE JONES 1795 West 25th Street #1143 Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.242 | Priority creditor's name and mailing address ELETHEA DUNIGAN 4513 Longleaf Drive Warrensville Heights, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$123.20 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|---|--|------------------------|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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|-------|---|--|-----------------|---------------|
| 2.243 | Priority creditor's name and mailing address ELIZABETH EVANS 6904 Delora Avenue Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.244 | Priority creditor's name and mailing address ELIZABETH VINSON 334 Storer Ave Akron, OH 44302 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$298.90 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.245 | Priority creditor's name and mailing address Ellis Marianne 5707 RALSTON DR PARMA, OH 44129-5947 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$455.40 | \$0.00 |
| | Date or dates debt was incurred 4/19/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.246 | Priority creditor's name and mailing address ELMER RIEMENSCHNEIDER 330 Weaverly Ave. Wadsworth, OH 44281 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$357.54 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
|--------|---|--|------------------------|--|--|

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|--------------|--|---|---------------|---------------|
| 2.247 | Priority creditor's name and mailing address Ely Brian 5602 Theota Ave Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
|--------------|--|---|---------------|---------------|

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|---|---|--|
| Date or dates debt was incurred 5/7/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|--|--|-----------------|---------------|
| 2.248 | Priority creditor's name and mailing address EMILY AVALLONE 3353 Faulkner Blvd Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$298.38 | \$0.00 |
|--------------|--|--|-----------------|---------------|

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|---|---|--|
| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|--|--|-----------------|---------------|
| 2.249 | Priority creditor's name and mailing address ENRIQUE MUNGUIA 18159 Potomac Dr Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$136.31 | \$0.00 |
|--------------|--|--|-----------------|---------------|

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|---|---|--|
| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|---|--|-----------------|---------------|
| 2.250 | Priority creditor's name and mailing address Esselstyn Caldwell 2 Pepper Ridge Rd Cleveland, OH 44124 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$252.72 | \$0.00 |
|--------------|---|--|-----------------|---------------|

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|---|---|--|
| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------|---|------------------------|--|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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|-------|--|--|-----------------|---------------|
| 2.251 | Priority creditor's name and mailing address Esses Gary 4391 DANBERRY DR North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$238.14 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.252 | Priority creditor's name and mailing address ESTHER FISHER 4913 N. Sedgewick RD Cleveland, OH 44124 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$161.12 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|---|-----------------|---------------|
| 2.253 | Priority creditor's name and mailing address Evanofski Olive 5705 Cumberland Drive Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.64 | \$0.00 |
| | Date or dates debt was incurred 4/18/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.254 | Priority creditor's name and mailing address Eyerman Susan 3545 Grayton Ave Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$341.04 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Name

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|-------|---|--|-----------------|---------------|
| 2.255 | <div>Priority creditor's name and mailing address</div> <div>Fabian Kelly 5109 GRAFTON RD BRUNSWICK, OH 44212-1015</div> | <div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> | \$136.56 | \$0.00 |
| | <div>Date or dates debt was incurred</div> <div>4/15/2019</div> | <div>Basis for the claim:</div> <div>Eyeglass Purchase or Deposit</div> | | |
| | <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</div> | <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> | | |

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|-------|--|--|----------------|---------------|
| 2.256 | <div>Priority creditor's name and mailing address</div> <div>Faison Samuel 16800 Lakeshore Blvd STE 727 Cleveland, OH 44140</div> | <div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> | \$55.62 | \$0.00 |
| | <div>Date or dates debt was incurred</div> <div>5/7/2019</div> | <div>Basis for the claim:</div> <div>Eyeglass Purchase or Deposit</div> | | |
| | <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</div> | <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> | | |

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|-------|---|--|-----------------|---------------|
| 2.257 | <div>Priority creditor's name and mailing address</div> <div>Fejko David 10564 CONNECTICUT ST AURORA, OH 44202</div> | <div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> | \$204.00 | \$0.00 |
| | <div>Date or dates debt was incurred</div> <div>4/18/2019</div> | <div>Basis for the claim:</div> <div>Eyeglass Purchase or Deposit</div> | | |
| | <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</div> | <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> | | |

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|-------|---|---|-----------------|---------------|
| 2.258 | <div>Priority creditor's name and mailing address</div> <div>FELICIA EDDY 4107 East 59th St Garfield Heights, OH 44105</div> | <div>As of the petition filing date, the claim is:</div> <div><i>Check all that apply.</i></div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> | \$130.00 | \$0.00 |
| | <div>Date or dates debt was incurred</div> <div>2018 -2019</div> | <div>Basis for the claim:</div> <div>Eyeglass orders or deposits</div> | | |
| | <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</div> | <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> | | |

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|--------|--|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
|--------|--|--|------------------------|--|--|

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|---|--|---|-----------------|---------------|
| 2.259 | Priority creditor's name and mailing address Fidanza Danielle 658 N St Clair St. Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.00 | \$0.00 |
| Date or dates debt was incurred 5/3/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|---|---------------|---------------|
| 2.260 | Priority creditor's name and mailing address Fisher Drew 86 SHADY ACRES DR AKRON, OH 44312-3570 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 3/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|-----------------|---------------|
| 2.261 | Priority creditor's name and mailing address Fisher Suhrim 1855 CUMBERLAND RD CLEVELAND HEIGHTS, OH 44118-2043 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$488.33 | \$0.00 |
| Date or dates debt was incurred 4/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|----------------|---------------|
| 2.262 | Priority creditor's name and mailing address Fitzgerald Moira 17305 DARTMOUTH AVE CLEVELAND, OH 44111-3924 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$62.64 | \$0.00 |
| Date or dates debt was incurred 1/18/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **Union Eye Care Center, Inc.**
Name

Case number (if known)

2.263 Priority creditor's name and mailing address
Foltz Janice
11820 Edgewater #1009
Lakewood, OH 44107

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$206.36 **\$0.00**

Date or dates debt was incurred
2018-2019

Basis for the claim:
Eyeglasses, deposits or orders

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No
☐ Yes

2.264 Priority creditor's name and mailing address
Foltz Janice
11820 EDGEWATER DR STE 1009
LAKEWOOD, OH 44107-1798

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

\$206.36 **\$0.00**

Date or dates debt was incurred
4/23/2019

Basis for the claim:
Eyeglass Purchase or Deposit

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No
☐ Yes

2.265 Priority creditor's name and mailing address
Fore John
114 Slate Dr
Berea, OH 44017

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

\$194.00 **\$0.00**

Date or dates debt was incurred
4/1/2019

Basis for the claim:
Eyeglass Purchase or Deposit

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No
☐ Yes

2.266 Priority creditor's name and mailing address
Foster Eleanor
3453 Meadowbrook Blvd
Cleveland, OH 44118

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$505.44 **\$0.00**

Date or dates debt was incurred
2018-2019

Basis for the claim:
Eyeglasses, deposits or orders

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

☒ No
☐ Yes

| | | | |
|--------|---|--|------------------------|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
|--------|---|--|------------------------|

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|--|--|--|-----------------|---------------|
| 2.267 | Priority creditor's name and mailing address Fox Clifford Buffy 11501 Mayfield Rd #505 Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$119.08 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|--|---|-----------------|---------------|
| 2.268 | Priority creditor's name and mailing address Franczyk Beverly 19801 KEWANEE AVE CLEVELAND, OH 44119-2847 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$302.50 | \$0.00 |
| Date or dates debt was incurred 3/9/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|---|--|-----------------|---------------|
| 2.269 | Priority creditor's name and mailing address FRANK OREFICE 4803 Grantwood Drive Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$185.44 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|----------------|---------------|
| 2.270 | Priority creditor's name and mailing address FRANKLIN PICKETT 14515 Corridon Ave Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$63.69 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|---|--|------------------------|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
|--------|---|--|------------------------|

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|-------|--|--|-----------------|---------------|
| 2.271 | Priority creditor's name and mailing address FRED JORDAN 8288 West 58th St Apt12 Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$377.83 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-----------------|---------------|
| 2.272 | Priority creditor's name and mailing address Fresenko Lori 6400 Center St. #26 Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$196.66 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|---|-------------------|---------------|
| 2.273 | Priority creditor's name and mailing address Fundzak Lawrence 982 AVIAN CT BRUNSWICK, OH 44212-2290 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,213.32 | \$0.00 |
| | Date or dates debt was incurred 2/26/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-----------------|---------------|
| 2.274 | Priority creditor's name and mailing address GABRIELA HUBBARD 11850 Edgewater Drive #224 Lakewood, OH 44107 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$283.86 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **Union Eye Care Center, Inc.**
Name

Case number (if known)

2.275 Priority creditor's name and mailing address

Gallagher Sonja
1533 E 195th St
Euclid, OH 44117

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$60.00 **\$0.00**

Date or dates debt was incurred

3/22/2019

Basis for the claim:

Eyeglass Purchase or Deposit

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.276 Priority creditor's name and mailing address

GARY HANTZ
113north Ridge Oval
Brooklyn, OH 44144

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$331.72 **\$0.00**

Date or dates debt was incurred

2018 -2019

Basis for the claim:

Eyeglass orders or deposits

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.277 Priority creditor's name and mailing address

GARY HAVILAND
14011 Brookpark Rd.#a225
Brookpark, OH 44142

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$453.60 **\$0.00**

Date or dates debt was incurred

2018 -2019

Basis for the claim:

Eyeglass orders or deposits

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.278 Priority creditor's name and mailing address

GARY HELTON
828 Lehigh Ave.
Cuyahoga Falls, OH 44221

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$500.00 **\$0.00**

Date or dates debt was incurred

2018 -2019

Basis for the claim:

Eyeglass orders or deposits

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

| | | | |
|--------|--|--|------------------------|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
|--------|--|--|------------------------|

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|---|---|--|-----------------|---------------|
| 2.279 | Priority creditor's name and mailing address GARY PALECHKA 3868 Landon Ln Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.25 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.280 | Priority creditor's name and mailing address GARY STENNETT 89 West Ave Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$522.54 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.281 | Priority creditor's name and mailing address Gavlik Shane 6753 Rock Ridge Ct Cleveland, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.32 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|---|-----------------|---------------|
| 2.282 | Priority creditor's name and mailing address Gedeon Martin 3222 STANFIELD DR PARMA, OH 44134-5048 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$340.20 | \$0.00 |
| Date or dates debt was incurred 4/23/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
|--------|--|--|------------------------|

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|-------|---|---|-----------------|---------------|
| 2.283 | Priority creditor's name and mailing address Gemberling Michael 4422 Bunker Ln Stow, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$202.59 | \$0.00 |
|-------|---|---|-----------------|---------------|

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|---|---|
| Date or dates debt was incurred 3/30/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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|-------|--|---|---------------|---------------|
| 2.284 | Priority creditor's name and mailing address Getsy Paulina 733 E 349th St Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
|-------|--|---|---------------|---------------|

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|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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|-------|--|--|-----------------|---------------|
| 2.285 | Priority creditor's name and mailing address Gibson Joseph 82 Whitney Ln Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$306.79 | \$0.00 |
|-------|--|--|-----------------|---------------|

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|---|---|
| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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|-------|---|--|-----------------|-----------------|
| 2.286 | Priority creditor's name and mailing address Giet, Lynda 780 FORESTVIEW DRIVE Tallmadge, oh 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$355.60 | \$355.60 |
|-------|---|--|-----------------|-----------------|

| | |
|---|---|
| Date or dates debt was incurred May, 2019 | Basis for the claim: Wages |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|--|--|---|-----------------|---------------|
| 2.287 | Priority creditor's name and mailing address Gill Susan 624 CRESTVIEW AVE AKRON, OH 44320-1954 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$287.16 | \$0.00 |
| Date or dates debt was incurred 3/12/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|-----------------|---------------|
| 2.288 | Priority creditor's name and mailing address GILLIAN IRWIN 7395 Cadle Ave. Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$151.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|---------------|
| 2.289 | Priority creditor's name and mailing address GILMAN DUNCAN 7262 Neff Rd. Valley City, OH 44280 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$481.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|---|-----------------|---------------|
| 2.290 | Priority creditor's name and mailing address Gimza Robert 30120 FORESTGROVE RD WILLOWICK, OH 44095-4953 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$494.28 | \$0.00 |
| Date or dates debt was incurred 5/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|---|---|--|-----------------|---------------|
| 2.291 | Priority creditor's name and mailing address Gingell Gary 8555 Evergreen Trail 103 Olmsted Township, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$268.76 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|---|-----------------|---------------|
| 2.292 | Priority creditor's name and mailing address Giova Jacki 180 ROOSEVELT AVE ELYRIA, OH 44035-3946 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$619.34 | \$0.00 |
| Date or dates debt was incurred 4/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.293 | Priority creditor's name and mailing address GISELA PITNER 487 Perry Rd Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$119.81 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|---|-----------------|---------------|
| 2.294 | Priority creditor's name and mailing address Giudici Megan 12100 CORA CT PAINESVILLE, OH 44077-8566 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.00 | \$0.00 |
| Date or dates debt was incurred 4/27/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
|--------|--|------------------------------|

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|---|--|--|-----------------|---------------|
| 2.295 | Priority creditor's name and mailing address GLENDAL E EDMONDS 792 Roscoe St Akron, OH 44306 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$275.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|---|---------------|---------------|
| 2.296 | Priority creditor's name and mailing address Glisic Michael 7867 RUTLAND DR MENTOR, OH 44060-4056 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.297 | Priority creditor's name and mailing address GLORIA TEWS 3671 Ascot Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$360.53 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.298 | Priority creditor's name and mailing address Golden Kim 4226 W 220 Fairview Pk, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$291.80 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Name

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|-------|---|---|----------------|---------------|
| 2.299 | Priority creditor's name and mailing address Gollate Lara 6336 STONERIDGE DR STREETSBORO, OH 44241-5798 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$79.72 | \$0.00 |
| | Date or dates debt was incurred 4/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

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|-------|---|---|-----------------|---------------|
| 2.300 | Priority creditor's name and mailing address Golson Susan 1740 Catalpa Rd Lower Cleveland, OH 44112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$240.00 | \$0.00 |
| | Date or dates debt was incurred 4/1/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

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|-------|---|--|-----------------|---------------|
| 2.301 | Priority creditor's name and mailing address Gordon Terry 8919 Parmalee Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$278.64 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

| | | | | |
|-------|---|---|-----------------|---------------|
| 2.302 | Priority creditor's name and mailing address Gordon Terry 8919 Parmele PI Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$380.00 | \$0.00 |
| | Date or dates debt was incurred 4/8/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

| | | | |
|--------|--|--|------------------------|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
|--------|--|--|------------------------|

| | | | | |
|---|--|--|-----------------|---------------|
| 2.303 | Priority creditor's name and mailing address GRACE BOUMAN 3434 Amesbury Lane Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$565.55 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.304 | Priority creditor's name and mailing address Grace, Chuck 6415 Bryson Dr Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,615.04 | \$1,615.04 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.305 | Priority creditor's name and mailing address Graham Denise 1009 Kenilworth Ave Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$375.84 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.306 | Priority creditor's name and mailing address Graham Denise 1009 Kenilworth Ave Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **Union Eye Care Center, Inc.**
Name

Case number (if known)

2.307 Priority creditor's name and mailing address

Graham Denise
1009 Kenilworth Ave
Cleveland, OH 44113

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$870.40 **\$0.00**

Date or dates debt was incurred

4/10/2019

Basis for the claim:

Eyeglass Purchase or Deposit

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.308 Priority creditor's name and mailing address

Graham Robin
4366 W 60TH ST
CLEVELAND, OH 44144-2801

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$256.33 **\$0.00**

Date or dates debt was incurred

5/29/2018

Basis for the claim:

Eyeglass Purchase or Deposit

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.309 Priority creditor's name and mailing address

Gravitt Valerie
398 East 149 St.
Cleveland, OH 44110

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$32.54 **\$0.00**

Date or dates debt was incurred

2018-2019

Basis for the claim:

Eyeglasses, deposits or orders

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.310 Priority creditor's name and mailing address

Gray Pamela
6306 VALLEY RANCH DR
MAPLE HEIGHTS, OH 44137-4764

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$125.00 **\$0.00**

Date or dates debt was incurred

4/4/2019

Basis for the claim:

Eyeglass Purchase or Deposit

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
|--------|---|------------------------------|

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|---|--|--|-----------------|---------------|
| 2.311 | Priority creditor's name and mailing address Grealis Tom 21900 MARION CIRCLE Cleveland, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$187.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.312 | Priority creditor's name and mailing address Grealis Tom 21900 MARION CIRCLE Cleveland, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$187.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|-----------------|---------------|
| 2.313 | Priority creditor's name and mailing address Grechar Tammie 5920 SPRINGWOOD DR MENTOR ON THE LAKE, OH 44060-2838 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$181.90 | \$0.00 |
| Date or dates debt was incurred 4/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.314 | Priority creditor's name and mailing address Green Mark L 10114 Burton Ave. Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$132.68 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|---|---|--|-----------------|---------------|
| 2.315 | Priority creditor's name and mailing address Greenwald Laura 10200 Stonehedge Concord, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$102.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.316 | Priority creditor's name and mailing address Greenwald Laura 10200 Stonehedge Drive Concord Twp, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$120.24 | \$0.00 |
| Date or dates debt was incurred 3/26/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.317 | Priority creditor's name and mailing address Griffin Mary 3097 Fairmount Cleveland, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$439.04 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.318 | Priority creditor's name and mailing address Gron Laura 9679 Old Johnnycake Ridge Rd Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$317.30 | \$0.00 |
| Date or dates debt was incurred 4/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.319 | Priority creditor's name and mailing address Groudie Mark 448 East 274th St. Euclid, OH 44132 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$287.94 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.320 | Priority creditor's name and mailing address Gruber Raymond 587 State 534 South Geneva, OH 44041 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$266.43 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.321 | Priority creditor's name and mailing address Gruber Raymond 587 State 534 South Geneva, OH 44041 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$206.20 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.322 | Priority creditor's name and mailing address Guardiola Sharon 291 N Abee Rd Elyria, OH 44035 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$56.53 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.323 | Priority creditor's name and mailing address Guddy Rhonda 5329 Genny Dr Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$389.00 | \$0.00 |
| Date or dates debt was incurred 4/11/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.324 | Priority creditor's name and mailing address Gut Timothy 6039 Brook Circle North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$265.68 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.325 | Priority creditor's name and mailing address Guthrie, Teresa 12206 BENNINGTON AVE Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$970.48 | \$970.48 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.326 | Priority creditor's name and mailing address Habermehl Gabriel 2116 Hampstead Road Cleveland Hts, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$66.64 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.327 | Priority creditor's name and mailing address HALINA BARNES 19271 Bennett Rd North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$124.33 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.328 | Priority creditor's name and mailing address HAMLET MOLINA 4831 Wendell Avenue Cleveland, OH 44127 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$62.86 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.329 | Priority creditor's name and mailing address Hanrahan Sara Hanrahan 3557 FAIRMOUNT BLVD CLEVELAND HEIGHTS, OH 44118-4353 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$183.60 | \$0.00 |
| | Date or dates debt was incurred 4/5/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.330 | Priority creditor's name and mailing address HARRY COOKE 1756 East 65th Street Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$136.80 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.331 | Priority creditor's name and mailing address Haru, Lanea 1249 lakeview rd Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$285.60 | \$285.60 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.332 | Priority creditor's name and mailing address Hauck Raymond 36150 BEHM DR NORTH RIDGEVILLE, OH 44039-3765 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-------------------|-------------------|
| 2.333 | Priority creditor's name and mailing address Hayest, Julie 859 NORWEGIAN WOOD Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,377.04 | \$1,377.04 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-------------------|-------------------|
| 2.334 | Priority creditor's name and mailing address Hayest, Raymond 859 NORWEGIAN WOOD Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,584.80 | \$1,584.80 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.335 | Priority creditor's name and mailing address Hazel Nancy 6904 HIGHLAND DR INDEPENDENCE, OH 44131-6321 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$820.00 | \$0.00 |
| Date or dates debt was incurred 4/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.336 | Priority creditor's name and mailing address HELEN ALPANALPL 10911 Brookview Drive Cleveland, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$194.18 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.337 | Priority creditor's name and mailing address HELEN GUSEMAN 1684 Berwick Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$126.07 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.338 | Priority creditor's name and mailing address Helleis John 19425 Shoreland Ave Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$125.65 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|---|------------------------|-----------------|---------------|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
| 2.339 | Priority creditor's name and mailing address Helleis Patricia 19425 Shoreland Ave Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$118.76 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.340 | Priority creditor's name and mailing address Henderson Erica 1872 E. 75th Street Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.341 | Priority creditor's name and mailing address Hiber Bobbi Sue 4327 JENNINGS RD CLEVELAND, OH 44109-3632 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$249.24 | \$0.00 |
| | Date or dates debt was incurred 3/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.342 | Priority creditor's name and mailing address Hill La"Keisha 1089 TALL GRASS CIR STOW, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.343 | Priority creditor's name and mailing address Hochevar Therese 3020 HETZEL DR PARMA, OH 44134-5114 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$131.91 | \$0.00 |
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| Date or dates debt was incurred 4/29/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|---|---|-----------------|---------------|
| 2.344 | Priority creditor's name and mailing address Hogg Maryann 1270 PEARL RD APT 27 BRUNSWICK, OH 44212-2894 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$124.00 | \$0.00 |
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| Date or dates debt was incurred 5/9/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.345 | Priority creditor's name and mailing address Holden Darlene 10730 Euclid #1507 Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$256.48 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.346 | Priority creditor's name and mailing address Holliday Jarrod 4334 Plumwood Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$90.32 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.347 | Priority creditor's name and mailing address HOLLY SULLIVAN 713 Est Sprague Road Seven Hills, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$131.68 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.348 | Priority creditor's name and mailing address Holnapy Betty 22659 ALBION RD STRONGSVILLE, OH 44149-2850 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$54.87 | \$0.00 |
| Date or dates debt was incurred 4/26/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.349 | Priority creditor's name and mailing address Hood Rayelene 11814 Cromwell Ave 2nd Fl Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$160.00 | \$0.00 |
| Date or dates debt was incurred 4/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.350 | Priority creditor's name and mailing address Hoover c/o Ellen Hoover Donald 788 Tallkron Dr Akron, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$345.82 | \$0.00 |
| Date or dates debt was incurred 4/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.351 | Priority creditor's name and mailing address HOPE ARBAUGH 152 Fullmer Ave. Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$140.90 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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|-------|---|--|----------------|---------------|
| 2.352 | Priority creditor's name and mailing address Hopkins Malea 12318 Gay Ave Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$73.68 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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| 2.353 | Priority creditor's name and mailing address HORACE DUNCAN 2165 E 85th St Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.80 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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|-------|---|---|-------------------|---------------|
| 2.354 | Priority creditor's name and mailing address Horst Donna 1350 TAVONDALE AVE AKRON, OH 44313 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,155.00 | \$0.00 |
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| Date or dates debt was incurred 3/22/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.355 | Priority creditor's name and mailing address Houston Kiser 18431 Scotsdale Shaker Hts, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300.00 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.356 | Priority creditor's name and mailing address Houze Sara 2821 Mayfield Rd #4 Cleveland Hts, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$303.40 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.357 | Priority creditor's name and mailing address Howard Alphonso 4067 E 57TH ST UPPER CLEVELAND, OH 44105-4856 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 4/26/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.358 | Priority creditor's name and mailing address Hruschak Amanda 5199 KENTON LN BRUNSWICK, OH 44212-5803 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.359 | Priority creditor's name and mailing address Hudson Jennifer 120 N HIGHLAND AVE AKRON, OH 44303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$227.03 | \$0.00 |
| Date or dates debt was incurred 3/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.360 | Priority creditor's name and mailing address Huston Barkley 20791 Erie Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$316.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.361 | Priority creditor's name and mailing address Incorvia Frank 30953 Oldshore Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$324.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.362 | Priority creditor's name and mailing address Insana Lawrence 19004 Kewanee Ave. Cleveland, OH 44119 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$353.10 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|---|------------------------|---------------|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
| 2.363 | Priority creditor's name and mailing address Insana Lawrence 19004 KEWANEE AVE CLEVELAND, OH 44119-2745 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$800.00 | \$0.00 | |
| | Date or dates debt was incurred 4/29/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.364 | Priority creditor's name and mailing address Internal Revenue Service Department of the Treasury P.O. Box 7346 Philadelphia, PA 19101-7346 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 | |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.365 | Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7317 Philadelphia, PA 19101-7317 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 | |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.366 | Priority creditor's name and mailing address Internal Revenue Service ATTENTION: SPECIAL PROCEDURES Insolvency Group 3 1240 E. 9th Street, Room 457 Cleveland, OH 44199-2001 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 | |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.367 | Priority creditor's name and mailing address IRENE MROZ 6508 Brookhill Drive Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$148.50 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.368 | Priority creditor's name and mailing address Isabella Dolores 36531 S. Lakeshore Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$257.36 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.369 | Priority creditor's name and mailing address Isabella Michael 36531 S. Lakeshore Dr. Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$162.17 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.370 | Priority creditor's name and mailing address JACKIE EASLEY 24950 Rockside Drive #726 Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$146.24 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|-------|--|--|-----------------|---------------|
| 2.371 | Priority creditor's name and mailing address JACKIE GIOVANNAZZO 180 Roosevelt Ave Elyria, OH 44035 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$280.23 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.372 | Priority creditor's name and mailing address Jackson Johnnie 12805 FARRINGDON AVE CLEVELAND, OH 44105-2929 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$503.20 | \$0.00 |
| | Date or dates debt was incurred 5/6/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.373 | Priority creditor's name and mailing address JACOB WATKINS 2201 Goodyear Blvd. Akron, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$407.01 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.374 | Priority creditor's name and mailing address JACQUELINE CARTER 11106 Willowmere Avenue Cleveland, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$53.57 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|------------------------|--|
| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.375 | Priority creditor's name and mailing address JAMES BAKULA 2332 Columbia Rd Valley City, OH 44280 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$205.49 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.376 | Priority creditor's name and mailing address JAMES BEZAK 6909 Plainfield Ave Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$145.64 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.377 | Priority creditor's name and mailing address JAMES COOPER 72 W Howe Rd Akron, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$317.82 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.378 | Priority creditor's name and mailing address JAMES MARTIN 4728 Holmeswood Dr. Winona, OH 44493 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$211.98 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|------------------------|--|
| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.379 | Priority creditor's name and mailing address JAMES MILLER 17301 E. Park Dr. Cleveland, OH 44119 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$112.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.380 | Priority creditor's name and mailing address JAMES MINUTE 5513 Stickney Ave. Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$254.68 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.381 | Priority creditor's name and mailing address JAMES NOVAK 8769 Center Dr. North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$36.72 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.382 | Priority creditor's name and mailing address JAMES PATTON 1747 Stonybrook #302 Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$280.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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|-------|---|--|-----------------|---------------|
| 2.383 | Priority creditor's name and mailing address JAMES URBANEK 7036 Beresford Ave. Parma Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.70 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|---------------|---------------|
| 2.384 | Priority creditor's name and mailing address JANINE JONES 2571 Paxton Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$7.84 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.385 | Priority creditor's name and mailing address JASON SHANK 8329 CHESTERFIELD AVE. Cleveland, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$528.12 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.386 | Priority creditor's name and mailing address JEAN JONES 5809 Regency Dr Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$185.96 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.387 | Priority creditor's name and mailing address Jeanneret Kimberly 3522 SANDLEWOOD DR BRUNSWICK, OH 44212-4449 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred 4/5/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|-----------------|---------------|
| 2.388 | Priority creditor's name and mailing address JEFF ANZALONE 197 Sheffield Terrace Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$497.45 | \$0.00 |
|-------|--|--|-----------------|---------------|

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|---|---|--|
| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|-----------------|---------------|
| 2.389 | Priority creditor's name and mailing address JEFF COLBERT 4667 Kingsbury Rd Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$276.05 | \$0.00 |
|-------|--|--|-----------------|---------------|

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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|-----------------|---------------|
| 2.390 | Priority creditor's name and mailing address JEFF HERMAN 1041 Stump Rd Akron, OH 44319 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$255.10 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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|---|--|--|-----------------|---------------|
| 2.391 | Priority creditor's name and mailing address JEFF PREBISH 12622 Clinton Doylestown, OH 44230 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$213.99 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.392 | Priority creditor's name and mailing address JEN LEFFEW 4473 W. 150TH Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$39.36 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|---|-----------------|---------------|
| 2.393 | Priority creditor's name and mailing address Jenkins Theresa 4141princeton Blvd South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$419.00 | \$0.00 |
| Date or dates debt was incurred 5/22/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.394 | Priority creditor's name and mailing address JENNIFER JONES 10602 Lakeshore Blvd. Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$75.60 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.395 | Priority creditor's name and mailing address JENNIFER POLEN 423 N. Market St. Loudonville, OH 44842 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$276.46 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.396 | Priority creditor's name and mailing address JEREMY MUSLEH 4259 West 48th Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$237.34 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.397 | Priority creditor's name and mailing address JERLENE DICKERSON 4378 Sexton Road Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$258.12 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.398 | Priority creditor's name and mailing address JERRY CARNEAL 3618 Mount Pleasant St. NW Canton, OH 44720 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$806.25 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.399 | Priority creditor's name and mailing address JIMMIE BROSIUS 5461 Royal Brook Drive Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$130.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.400 | Priority creditor's name and mailing address JOANNA LADER 5058 W. 6th St Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$24.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.401 | Priority creditor's name and mailing address JOANNE IMMORMINO 27255 Pergl Road Glenwillow, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$259.20 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.402 | Priority creditor's name and mailing address JOE BOZIAK 7630 Pleasant View Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$15.53 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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|---|--|--|-----------------|---------------|
| 2.403 | Priority creditor's name and mailing address JOE CZELUSNIAK 8960 Edgewood Dr. North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$289.72 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.404 | Priority creditor's name and mailing address JOE DESMONE 5390 Eastlake Rd Sheffield Lake, OH 44054 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$695.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.405 | Priority creditor's name and mailing address JOE GAUNTNER 2029 West 45th Street Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$253.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.406 | Priority creditor's name and mailing address JOE GIBALDI 3688 Abbotts Mill Drive Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$229.24 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|------------------------|--|
| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.407 | Priority creditor's name and mailing address JOE NORTON 4432 Brodley Circle Uniontown, OH 44685 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$180.41 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|----------------|---------------|
| 2.408 | Priority creditor's name and mailing address JOE PIAZZA 7703 Valley Villas Dr Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$88.28 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.409 | Priority creditor's name and mailing address JOE SLABAUGH 7840 Elmhurst Ave. Canton, OH 44720 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$413.09 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.410 | Priority creditor's name and mailing address JOHANNA DOSKY 9319 Plymouth Ave Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$367.20 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|-------|--|--|-----------------|---------------|
| 2.411 | Priority creditor's name and mailing address JOHN ADCOX 2281 Edmund Ave. Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$180.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.412 | Priority creditor's name and mailing address JOHN FARINACCI 34545 Forest Ln. Solon, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$696.60 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.413 | Priority creditor's name and mailing address JOHN FENNELLY 1505 Tarlton Avenue Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$193.69 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.414 | Priority creditor's name and mailing address JOHN FORE 114 Slate Dr. Berea, OH 44017 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$106.60 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.415 | Priority creditor's name and mailing address JOHN KELLY 2372 Center Rd Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$193.39 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.416 | Priority creditor's name and mailing address JOHN KISH 7501 Virginia Ave. Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$233.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.417 | Priority creditor's name and mailing address JOHN KORMOS 4605 Bader Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$106.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.418 | Priority creditor's name and mailing address JOHN LUNDY 8000 Hough Avenue Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$355.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|---|---|--|-----------------|---------------|
| 2.419 | Priority creditor's name and mailing address JOHN MCKENNA 8085 Oxford Dr Strongsville, OH 44149 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$331.45 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.420 | Priority creditor's name and mailing address JOHN MEISTERICS 2814 Tuxedo Ave. Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$247.76 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.421 | Priority creditor's name and mailing address JOHN MORAN 364 Starrline Dr Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$334.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.422 | Priority creditor's name and mailing address Johns Jill 10877 West river Rd Columbia Station, OH 44028 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.423 | Priority creditor's name and mailing address Johnson David 4010 Keller Hanna Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$449.28 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.424 | Priority creditor's name and mailing address Johnson Lynn 13585 FOXCROFT DR GARFIELD HTS, OH 44125-4901 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$570.24 | \$0.00 |
| Date or dates debt was incurred 1/11/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.425 | Priority creditor's name and mailing address Johnson Shirley 4010 Keller Hanna Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$428.76 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.426 | Priority creditor's name and mailing address Johnson, Cammilla 27400 CHARDON RD, #920 Willoughby Hills, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$970.48 | \$970.48 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.427 | Priority creditor's name and mailing address Johnson, Cleveland 27400 CHARDON RD, #920 Willoughby Hills, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$826.00 | \$826.00 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.428 | Priority creditor's name and mailing address JON MICHAELIS 3339 Fortune Ave. Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$41.20 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.429 | Priority creditor's name and mailing address JON SEAMAN 4105 Pensacola Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$61.97 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.430 | Priority creditor's name and mailing address JON TRZASKA 5166 West 7th St Brooklyn Hts, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$257.04 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.431 | Priority creditor's name and mailing address Jones Jean 5809 REGENCY DR PARMA, OH 44129-5913 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$73.00 | \$0.00 |
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| Date or dates debt was incurred 3/18/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.432 | Priority creditor's name and mailing address Jones Leah 5956 GLENWOOD AVE MAPLE HEIGHTS, OH 44137-4042 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$0.00 |
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| Date or dates debt was incurred 11/9/2018 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.433 | Priority creditor's name and mailing address JOSE COLON 4230 Archwood Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$83.42 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.434 | Priority creditor's name and mailing address JOYCE KNIGHT 1441 Winged Foot Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$400.00 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.435 | Priority creditor's name and mailing address JUDY MATZ 437 Lamson Ave Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$36.56 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.436 | Priority creditor's name and mailing address JULIE SKOWRONSKY 3957 East 55th Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$181.44 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.437 | Priority creditor's name and mailing address JULIE ZAWADZKI 4001 Magnolia Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$338.85 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.438 | Priority creditor's name and mailing address JUNE MILLER 7151 Middlebrook Blvd Middleburg Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$672.84 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.439 | Priority creditor's name and mailing address Kaczmarek Norma 5258 West 83rd St Parma, OH 44129-1320 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$454.27 | \$0.00 |
| Date or dates debt was incurred 4/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.440 | Priority creditor's name and mailing address Kalaman Melina 845 Laurann Ave Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$72.03 | \$0.00 |
| Date or dates debt was incurred 4/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.441 | Priority creditor's name and mailing address Kaleal Mark 4408 W 194 St Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$256.79 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.442 | Priority creditor's name and mailing address Kaleal Mark 4408 West 194th St Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$256.79 | \$0.00 |
| Date or dates debt was incurred 3/18/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
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| 2.443 | Priority creditor's name and mailing address Karadimas George 19325 Hipple Ave Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$278.64 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.444 | Priority creditor's name and mailing address Karaffa Jean 17934 LYON LN STRONGSVILLE, OH 44149-6886 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass Purchase or Deposit |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|-----------------|---------------|
| 2.445 | Priority creditor's name and mailing address KAREN PIAZZA 7703 Valley Villas Dr. Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$217.32 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.446 | Priority creditor's name and mailing address KAREN URBANEK 7036 Beresford Ave. Parma Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.70 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.447 | Priority creditor's name and mailing address Karlsson Marie 26 Lavender Princeton, NJ 08540 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$673.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.448 | Priority creditor's name and mailing address KASEY TAYLOR 5905 S. Park Dr. Lorain, OH 44053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$92.76 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.449 | Priority creditor's name and mailing address KATHLEEN COOKE 18024 West River Rd Columbia Station, OH 44028 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$258.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.450 | Priority creditor's name and mailing address KATHLEEN ROGERS 2250 Par Lane #313 Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$252.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.451 | Priority creditor's name and mailing address KATHRYN MURAWA 1060 E 348th St Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$235.61 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.452 | Priority creditor's name and mailing address KATHRYN TUCKER-DAVIS 1675 Catalpa Rd Cleveland, OH 44112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$30.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|---|---------------|---------------|
| 2.453 | Priority creditor's name and mailing address Kavourias Bill 3207 Grovewood Ave Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.454 | Priority creditor's name and mailing address KAYLA OBERLIN 589 Darrow Rd Akron, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.455 | Priority creditor's name and mailing address Keck Ronald 6195 N. Woodlane Cleveland, OH 44143 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$397.96 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.456 | Priority creditor's name and mailing address KEITH FONTAINE 26193 Aaron Drive Euclid, OH 44132 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$650.76 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.457 | Priority creditor's name and mailing address Keller Natalie 3684 MANCHESTER DR BRUNSWICK, OH 44212-4126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.458 | Priority creditor's name and mailing address KELLY CARUSO 2950 13th St Cuyahoga Falls, OH 44223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$485.35 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.459 | Priority creditor's name and mailing address Kelly John 2372 CENTER RD HINCKLEY, OH 44233-9522 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$193.39 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.460 | Priority creditor's name and mailing address KELSEY MOLLS 18300 Buccaneer Dr North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$461.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.461 | Priority creditor's name and mailing address KEN CARR 5694 Harrison Ave. Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.462 | Priority creditor's name and mailing address KEN MANTELL 951 Dan Street Akron, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$735.51 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.463 | Priority creditor's name and mailing address KEN PATTISON 56 Broadview Road Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$179.04 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.464 | Priority creditor's name and mailing address Kendall Janet 3356 Kenmore Beachwood, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$293.76 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.465 | Priority creditor's name and mailing address Kendall Janet 3356 Kenmore Beachwood, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$191.08 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.466 | Priority creditor's name and mailing address KENDRA STASIAK 1687 Arbutus Dr. Hudson, OH 44236 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$9.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.467 | Priority creditor's name and mailing address Kenney Robert 18227 Stony Point Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$340.14 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.468 | Priority creditor's name and mailing address Kessinger Barb 6240 Columbia Road North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,209.12 | \$0.00 |
| Date or dates debt was incurred 4/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.469 | Priority creditor's name and mailing address Kessinger Barbara 6240 Columbia Rd North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$574.32 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.470 | Priority creditor's name and mailing address Kessinger Gregory 6240 Columbia Rd North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$634.80 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.471 | Priority creditor's name and mailing address KEVIN WISMER 5839 Calamie Dr. Parma Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$603.72 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.472 | Priority creditor's name and mailing address KEYONA HARPER 16795 Gerard Ave Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$63.69 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.473 | Priority creditor's name and mailing address Khambatta Parvez 7899 Sugarbush Lane Gates Mills, OH 44040 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$275.40 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.474 | Priority creditor's name and mailing address KIM BREWER 14400 Ohio Ave Cleveland, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.41 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.475 | Priority creditor's name and mailing address KIM JEANNERET 3522 Sandalwood Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$420.27 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.476 | Priority creditor's name and mailing address King Carliyah 977 Tradewinds Cove Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$103.25 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.477 | Priority creditor's name and mailing address KINZLEY ALMASIE 5108 Igleton Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$89.67 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.478 | Priority creditor's name and mailing address KIRAE MATTHEWS-JONES 1550 Polk Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$97.96 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.479 | Priority creditor's name and mailing address Kiser Dennis 2957 Talltree Trl Willoughby, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$438.44 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.480 | Priority creditor's name and mailing address Kish, Nicole 6240 Stumph Rd. APT. 401A Cleveland, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$425.60 | \$425.60 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.481 | Priority creditor's name and mailing address Kleinhenz Janet 3750 Foxwood Terrace Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$315.85 | \$0.00 |
| | Date or dates debt was incurred 3/15/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.482 | Priority creditor's name and mailing address Knapp Kristen 52427 N RIDGE RD VERMILION, OH 44089-9409 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$29.22 | \$0.00 |
| | Date or dates debt was incurred 4/6/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.483 | Priority creditor's name and mailing address Kodz Irena 391 Darby Run Bay Village, OH 44140 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$588.06 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.484 | Priority creditor's name and mailing address Kodz Irena 391 Darby Run Bay Village, OH 44140 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$477.44 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.485 | Priority creditor's name and mailing address Kodz Irena 391 Darby's Run Bay Village, OH 44140 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,065.50 | \$0.00 |
| Date or dates debt was incurred 3/29/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.486 | Priority creditor's name and mailing address Kollab Ameer 1444 Adelaide St Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$440.64 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.487 | Priority creditor's name and mailing address Kollab Ameer 1444 Adelaide Street Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$440.64 | \$0.00 |
| Date or dates debt was incurred 4/26/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.488 | Priority creditor's name and mailing address Komendat Ronald 89 Lusard Street Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$295.02 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.489 | Priority creditor's name and mailing address Komendat Vivian 89 Lusard Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$235.47 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.490 | Priority creditor's name and mailing address Kordel, Tami 17105 MILBURN AVE Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,457.68 | \$1,457.68 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
| 2.491 | Priority creditor's name and mailing address Koterba Gregory 11510 FROSTWOOD DR CHAGRIN FALLS, OH 44023-9096 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
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| 2.492 | Priority creditor's name and mailing address Kozminski Leslie 2923 W 12th Upper Unit Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$0.00 | \$0.00 |
| | Date or dates debt was incurred 4/10/2019 | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | | | | |
| 2.493 | Priority creditor's name and mailing address Krajewski Carol 16167 BRINBOURNE AVE MIDDLEBURG HEIGHTS, OH 44130-5426 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$551.20 | \$0.00 |
| | Date or dates debt was incurred 4/29/2019 | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
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| 2.494 | Priority creditor's name and mailing address Krakovski Lisa 3382 West 130th St Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$271.66 | \$0.00 |
| | Date or dates debt was incurred 4/9/2019 | Basis for the claim: | | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.495 | Priority creditor's name and mailing address Kramer Richard 2558 Delaware Street Wickliffe, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$125.85 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.496 | Priority creditor's name and mailing address Krystofek Patricia 3353 TYLER DR BRUNSWICK, OH 44212-3727 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$802.52 | \$0.00 |
| Date or dates debt was incurred 4/11/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.497 | Priority creditor's name and mailing address KYLE DUFFIELD 16357 Bowfin Blvd Brookpark, OH 44142 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$43.76 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.498 | Priority creditor's name and mailing address LACEY TANNER 107 Hemlock Drive Creston, OH 44217 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$254.07 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.499 | Priority creditor's name and mailing address Lader Sara 5058 W 6TH ST BROOKLYN HEIGHTS, OH 44131-1129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$191.81 | \$0.00 |
| Date or dates debt was incurred 4/29/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.500 | Priority creditor's name and mailing address Ladikos Barbara 13810 Glenbrook Drive Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$589.26 | \$0.00 |
| Date or dates debt was incurred 5/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.501 | Priority creditor's name and mailing address LAMAR WILLIAMS 968 Chelston Cleveland, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$462.46 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.502 | Priority creditor's name and mailing address Lamb Toni 15315 Greenhill Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$467.64 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.503 | Priority creditor's name and mailing address Lambert Kathleen 6017 MICHAEL DR BROOK PARK, OH 44142-3072 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.504 | Priority creditor's name and mailing address LANDON BETTIS 1927 Byron Dr Brunswick, OH 44212 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$310.60 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number | | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.505 | Priority creditor's name and mailing address Lane Leslie 1309 Peartree Tallmadge, OH 44278 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$86.60 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number | | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.506 | Priority creditor's name and mailing address Lange Christopher 1522 HYDE PARK AVE AKRON, OH 44310 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$573.60 | \$0.00 |
| | Date or dates debt was incurred 4/22/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.507 | Priority creditor's name and mailing address Larence Jr Mike 1059 Oakwood Blvd. Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$222.98 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.508 | Priority creditor's name and mailing address LARISSA OCKER 910 Monroe Ave Cuyahoga Falls, OH 44221 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$245.27 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.509 | Priority creditor's name and mailing address LARRY HERENE 2610 George Avenue Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$246.24 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.510 | Priority creditor's name and mailing address LARRY ORYL 2923 Klusner Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$125.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.511 | Priority creditor's name and mailing address LARRY OSBORNE 3506 Sleepy Hollow Rd Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$174.30 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.512 | Priority creditor's name and mailing address LASHAWN ROBINSON 52 Trenton Square Cleveland, OH 44143 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$128.49 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.513 | Priority creditor's name and mailing address LAURA HERBST 8107 Covington Ave Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$375.84 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.514 | Priority creditor's name and mailing address LAUREN KAWENTAL 18316 River Valley Blvd North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$182.47 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.515 | Priority creditor's name and mailing address Laury Claire 24801 LAKE SHORE BLVD B-606 EUCLID, OH 44123-1275 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | |

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| 2.516 | Priority creditor's name and mailing address LEE AUDREY 3370 SEATON RD CLEVELAND HEIGHTS, OH 44118-1334 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,000.00 | \$0.00 |
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| Date or dates debt was incurred 3/23/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | |

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| 2.517 | Priority creditor's name and mailing address Lee Jeter 2200 Belvoir Blvd. Cleveland, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$404.48 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | |

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|--------------|---|--|-----------------|---------------|
| 2.518 | Priority creditor's name and mailing address Lee Kathryn 7576 W Ridge Rd Elyria, OH 44035 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$298.08 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.519 | Priority creditor's name and mailing address Lee Kathryn 7576 W Ridge Rd Elyria, OH 44035 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$298.08 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|---|-----------------|---------------|
| 2.520 | Priority creditor's name and mailing address LEININGER TOM 8344 villa marina mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.00 | \$0.00 |
| Date or dates debt was incurred 4/29/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.521 | Priority creditor's name and mailing address LEROY DECEMBLY 13511 Christine Ave Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.522 | Priority creditor's name and mailing address Leslie James 1205 Spring Rd Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$149.22 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.523 | Priority creditor's name and mailing address Leslie Jane 1205 Spring Rd Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$122.32 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.524 | Priority creditor's name and mailing address Lester James 8124 Thorne Ave. Kirtland, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$148.19 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.525 | Priority creditor's name and mailing address Levenderis Tony 545 Woodland Drive Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$532.00 | \$0.00 |
| | Date or dates debt was incurred 5/15/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.526 | Priority creditor's name and mailing address Lightbody Richard 2264 N Saint James Pkwy Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$430.40 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.527 | Priority creditor's name and mailing address LINDA PETERSON 13118 Saybrooke Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$258.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.528 | Priority creditor's name and mailing address LINDA THARP 4400 Rockland Dr Brooklyn, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$141.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.529 | Priority creditor's name and mailing address LINDA WIGGINS 6841 Day Dr #413 Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$38.45 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.530 | Priority creditor's name and mailing address Lininger Debra 2339 Mingo Trail Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$164.40 | \$0.00 |
| Date or dates debt was incurred 4/15/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.531 | Priority creditor's name and mailing address LISA ANDERSON 4622 Inverness Ave Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$311.02 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.532 | Priority creditor's name and mailing address LISA BEEBLE 3005 Wales Ave. Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$273.44 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.533 | Priority creditor's name and mailing address LISA GOLDEN 696 N.carpenter Rd Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.25 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.534 | Priority creditor's name and mailing address LISA KRAKOWSKI 3382 W. 130th Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$89.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.535 | Priority creditor's name and mailing address LISA KROEGER 1311 West 116 Th St Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.536 | Priority creditor's name and mailing address LISA PREBISH 12622 Clinton Rd. Doylestown, OH 44230 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.39 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.537 | Priority creditor's name and mailing address LISA VARGAS 7817 Dorber Ave Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.33 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.538 | Priority creditor's name and mailing address LISE HRACH 5710 Onaway Oval Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$624.24 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.539 | Priority creditor's name and mailing address LLOYD WAKEFIELD 3116 Osage Way Broadview Heights, OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.72 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.540 | Priority creditor's name and mailing address Loeblein Melvin 1685 STONYBROOK LN STE 438 BRUNSWICK, OH 44212-4529 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$250.00 | \$0.00 |
| Date or dates debt was incurred 4/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.541 | Priority creditor's name and mailing address Lopriore Sandra 7251 BERESFORD AVE CLEVELAND, OH 44130-5057 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.542 | Priority creditor's name and mailing address LORI MURRAY 6723 West View Dr Brecksville, OH 44141 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$400.66 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.543 | Priority creditor's name and mailing address LOVETTA HARRIS 16523 Earlwood Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$180.28 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.544 | Priority creditor's name and mailing address Lozitsky, Elsie 4403 Bruening Dr Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$244.80 | \$244.80 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.545 | Priority creditor's name and mailing address Lufkin Deidre 4041 west 160th street Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,067.60 | \$0.00 |
| | Date or dates debt was incurred 3/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.546 | Priority creditor's name and mailing address LYNDEL HOSKINSON 948 Newton St Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
| 2.547 | Priority creditor's name and mailing address Lynn Abigail 7985 Sweetgum Trail Concord Twsp, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$194.75 \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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| 2.548 | Priority creditor's name and mailing address MABEL MESSAM 12102 Phillips Ave Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$205.00 \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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| 2.549 | Priority creditor's name and mailing address MABRY HARRIS 11094 Reservoir Place Dr Cleveland, OH 44104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$149.96 \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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| 2.550 | Priority creditor's name and mailing address MACHELLE SIEGENTHALER 1186 Mt. Vernon Ave. Akron, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$171.80 \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.551 | Priority creditor's name and mailing address Mack Janis 910 East 129th Street Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$411.48 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.552 | Priority creditor's name and mailing address MADALYN DIETRICH 971 Spring Hill Ct Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$96.62 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.553 | Priority creditor's name and mailing address MAGGEE KRAKOWSKI 3382 W. 130 Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$182.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.554 | Priority creditor's name and mailing address Mangano Cara 5296 W 50TH ST PARMA, OH 44134-1022 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$414.36 | \$0.00 |
| Date or dates debt was incurred 4/9/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.555 | Priority creditor's name and mailing address Manson Connie 3917 CANTERBURY DR BRUNSWICK, OH 44212-2614 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.556 | Priority creditor's name and mailing address Manson Jeanette 4636 SQUIRE DR NORTHFIELD, OH 44067 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$244.08 | \$0.00 |
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| Date or dates debt was incurred 4/2/2019 <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.557 | Priority creditor's name and mailing address Mantifel Danielle 6530 Cook Rd New London, OH 44851 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$363.64 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglasses, deposits or orders <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.558 | Priority creditor's name and mailing address Mantifel Danielle 6530 Cook Rd New London, OH 44851 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$262.44 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglasses, deposits or orders <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.559 | Priority creditor's name and mailing address Mantifel John 6530 Cook Rd New London, OH 44851 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$196.83 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.560 | Priority creditor's name and mailing address Mantifel John 6530 Cook Rd New London, OH 44851 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$206.52 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.561 | Priority creditor's name and mailing address Mantifel John 6530 COOK RD NEW LONDON, OH 44851-9450 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,029.43 | \$0.00 |
| | Date or dates debt was incurred 4/1/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.562 | Priority creditor's name and mailing address MARALICE MAKUPSON 5126 Cato Street Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$38.45 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.563 | Priority creditor's name and mailing address MARCUS PEELER 5063 East 86th Street Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$113.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.564 | Priority creditor's name and mailing address MARGARET COLE 12501 Angelus Ave Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$397.98 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.565 | Priority creditor's name and mailing address MARGARET HUFFER 3423 Priscilla Ave Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$254.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.566 | Priority creditor's name and mailing address MARGARET PALUMBO 8603 Morton Ave Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$403.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.567 | Priority creditor's name and mailing address MARGARET VANCE 10200 Way Ave. Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$366.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.568 | Priority creditor's name and mailing address MARIAN POPA 8707 Lynhaven Rd. Parma Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$174.96 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.569 | Priority creditor's name and mailing address MARIANNE ELLIS 5707 Ralston Dr Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$455.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.570 | Priority creditor's name and mailing address MARIE MARTON 6203 Nelwood Rd Parma Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$317.76 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **Union Eye Care Center, Inc.**
Name

Case number (if known)

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| 2.571 | Priority creditor's name and mailing address MARILY MOYET 6463 Olde York Road Parma Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.572 | Priority creditor's name and mailing address MARILYN WINKELMAN 393 Fernwood Ave. Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$217.81 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.573 | Priority creditor's name and mailing address MARITIZA ARGUELLES 3431 West 65 Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$429.64 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.574 | Priority creditor's name and mailing address MARK JONES 246 Pratt St Ravenna, OH 44266 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.25 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.575 | Priority creditor's name and mailing address MARK PITNER 487 Perry Rd Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$258.62 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.576 | Priority creditor's name and mailing address MARK POLOHA 7715 State Rd. Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$567.91 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.577 | Priority creditor's name and mailing address MARK RENICKER 1844 Joan Of Arc Circle Cuyahoga Falls, OH 44223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$308.62 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.578 | Priority creditor's name and mailing address MARK SABOLIK 3923 W 158 St Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$171.72 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.579 | Priority creditor's name and mailing address MARK SIMCIC 3666 Russett Dr Broadview Heights, OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$258.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.580 | Priority creditor's name and mailing address MARK SUMNER 3969 Osage St. Stow, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$551.90 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.581 | Priority creditor's name and mailing address MARK TIPPEL 13337 Ravenna Ave NE Hartville, OH 44632 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$101.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.582 | Priority creditor's name and mailing address Marquard John 8902 Wallings Rd North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.583 | Priority creditor's name and mailing address Marquard John 8902 Wallings Rd North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.92 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.584 | Priority creditor's name and mailing address MARTIN GEDEON 3222 Stanfield Dr Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$340.20 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.585 | Priority creditor's name and mailing address Martin, Lisa 4811 KRUEGER Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$799.12 | \$799.12 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.586 | Priority creditor's name and mailing address Marton Marie 6203 Nelwood Rd Parma Heights, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$317.75 | \$0.00 |
| | Date or dates debt was incurred 4/30/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.587 | Priority creditor's name and mailing address MARVIN CUNARD 11807 Mccracken Road Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$186.19 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.588 | Priority creditor's name and mailing address MARY DILLY 9333 N. Church Dr #512 Parma Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$433.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.589 | Priority creditor's name and mailing address MARY HENDERSON 991 Delia Akron, OH 44320 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$29.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.590 | Priority creditor's name and mailing address MARY HENNINGER 22622 Vine Ct Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$566.20 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
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| 2.591 | Priority creditor's name and mailing address MARY HULA 11890 Ridge Rd North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$139.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.592 | Priority creditor's name and mailing address MARY JO HUBBARD 19411 Weyburne Avenue Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$130.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.593 | Priority creditor's name and mailing address Masi, Charlotte 5266 Grafton Rd 19C Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$683.20 | \$683.20 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.594 | Priority creditor's name and mailing address Mason William 425 West Lakeside Ave 501 Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$97.44 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.595 | Priority creditor's name and mailing address Matson Teresa 7325 SUMMITVIEW DR SEVEN HILLS, OH 44131-4437 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$184.89 | \$0.00 |
| Date or dates debt was incurred 4/18/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.596 | Priority creditor's name and mailing address MATT MCWEENY 1480 Muirwood Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$192.66 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.597 | Priority creditor's name and mailing address MATT WHITE 4613 Henritze Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$167.64 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.598 | Priority creditor's name and mailing address May Lee 20877 Fairpark Dr Fairview Park, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$165.80 | \$0.00 |
| Date or dates debt was incurred 4/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.599 | Priority creditor's name and mailing address May, Marilyn 28796 ALTON AVENUE Wickliffe, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$970.48 | \$970.48 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.600 | Priority creditor's name and mailing address Mayer Lee 20877 Fairpark Dr Cleveland, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$165.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.601 | Priority creditor's name and mailing address Mayo Craig 5561 Orchid Ave. Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$109.34 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.602 | Priority creditor's name and mailing address Mcclelland Richard 3 Maple Dr. Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$550.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.603 | Priority creditor's name and mailing address McGinty Thomas 3100 W 155TH ST CLEVELAND, OH 44111-1031 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$116.64</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$0.00</div> |
| Date or dates debt was incurred 5/3/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.604 | Priority creditor's name and mailing address Mcginty Timothy 26560 Kingswood Dr Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$141.16</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$0.00</div> |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.605 | Priority creditor's name and mailing address Mckinney Melvin 26011 Lakeshore Blvd APT 819 Euclid, OH 44132 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$167.87</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$0.00</div> |
| Date or dates debt was incurred 4/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.606 | Priority creditor's name and mailing address Mcnea Amy 15621 Norway Ave Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$302.30</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$0.00</div> |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.607 | Priority creditor's name and mailing address Mehen, Cheryl 36343 AURENSEN RD North Ridgeville, OH 44039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$758.80 | \$758.80 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.608 | Priority creditor's name and mailing address MELINA KALAMAN 845 Laurann Ave. Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$72.03 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.609 | Priority creditor's name and mailing address MELISSA DUDLEY 9365 Andrew Drive Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$440.94 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.610 | Priority creditor's name and mailing address MELISSA KANZEG 11249 Baumhart Rd. Amherst, OH 44001 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$198.04 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.611 | Priority creditor's name and mailing address MELODY WASHINGTON 1778 Northampton Road Apt. G8 Akron, OH 44313 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$56.59 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.612 | Priority creditor's name and mailing address MELVIN DAVIS 4820 Henry St Ste 202 Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$122.08 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.613 | Priority creditor's name and mailing address MELVIN LOEBLEIN 1685 Stonybrooke Ln Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$250.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.614 | Priority creditor's name and mailing address MELVIN MCKINNEY 26011 Lakeshore Blvd #819 Euclid, OH 44132 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$167.87 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.615 | Priority creditor's name and mailing address Melzer Richard 11783 Joy Acre Lane Chardon, OH 44024 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$311.04 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.616 | Priority creditor's name and mailing address Merkle Robert 3353 Fulton Rd. Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$134.29 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.617 | Priority creditor's name and mailing address Messam Mabel 12102 Philips Ave Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$205.00 | \$0.00 |
| Date or dates debt was incurred 4/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.618 | Priority creditor's name and mailing address MICHAEL SANTOS 4060 West 48 Th Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$58.04 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.619 | Priority creditor's name and mailing address Michalak, Marlynn 6533 SHERBORN Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$970.48 | \$970.48 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.620 | Priority creditor's name and mailing address MICHELE SHERBA Po Box 61 Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$737.97 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.621 | Priority creditor's name and mailing address MICHELLE IGLESIAS 19224 Idlewood Trail Strongsville, OH 44149 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$212.40 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.622 | Priority creditor's name and mailing address MICHELLE PIAZZA 5989 Edgebrook Blvd Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$154.84 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.623 | Priority creditor's name and mailing address MICHELLE SPENCER 8565 Banner Lane Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$170.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.624 | Priority creditor's name and mailing address MICHELLE WELLS 640 Turney Rd Apt 122 Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$504.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.625 | Priority creditor's name and mailing address MIGUEL BENITEZ 13893 Shady Oak Blvd Cleveland, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$64.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.626 | Priority creditor's name and mailing address MIKE BICKELMEYER 399 Pearl Rd Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$74.64 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.627 | Priority creditor's name and mailing address MIKE HEADEN 18490 Mccracken Rd Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$518.56 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.628 | Priority creditor's name and mailing address MIKE ISABELLA 36531 S. Lakeshore Dr. Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$422.04 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.629 | Priority creditor's name and mailing address MIKE JONES 1854 Langerdale Road South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$219.40 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.630 | Priority creditor's name and mailing address MIKE KLEIN 2831 Bowman Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$265.60 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.631 | Priority creditor's name and mailing address MIKE LANGE 5353 East 135th Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$114.48 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.632 | Priority creditor's name and mailing address MIKE PITROSKI 4206 Yorkshire Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$23.33 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.633 | Priority creditor's name and mailing address MIKE TODT 4926 Hillside Rd Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$442.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.634 | Priority creditor's name and mailing address MIKE WENDOLOWSKI 6900 REGAL DR Cleveland, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$125.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.635 | Priority creditor's name and mailing address Mikula Nadine 9330 Winchester Valley Chesterland, OH 44026 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$237.45 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.636 | Priority creditor's name and mailing address Militello Lori 1253 Belle Lakewood, OH 44107 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$65.84 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.637 | Priority creditor's name and mailing address Miller Lisa J 32010 Pendley Rd Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$64.89 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.638 | Priority creditor's name and mailing address Mishra Deepa 34352 Summerset Dr Solon, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$149.72 | \$0.00 |
| Date or dates debt was incurred 2/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.639 | Priority creditor's name and mailing address Mitchell Tracy 3121 97th St Cleveland, OH 44104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$264.64 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.640 | Priority creditor's name and mailing address Mock William 11250 EXMOOR DR CONCORD TOWNSHIP, OH 44077-2368 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$497.95 | \$0.00 |
| | Date or dates debt was incurred 4/26/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.641 | Priority creditor's name and mailing address Monson Karissa 4612 W 145 Th St Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$60.24 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.642 | Priority creditor's name and mailing address Moodley Leelamoney 10872 Angela Dr Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.68 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
| 2.643 | Priority creditor's name and mailing address Moore Verlinda 1814 BUENA VISTA DR EUCLID, OH 44117-2204 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$95.79 | \$0.00 |
| | Date or dates debt was incurred 3/2/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.644 | Priority creditor's name and mailing address Moran John 364 Starline Dr Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$669.84 | \$0.00 |
| | Date or dates debt was incurred 3/29/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.645 | Priority creditor's name and mailing address Moravitz Mary 2058 Hillside Terrece Akron, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$26.69 | \$0.00 |
| | Date or dates debt was incurred 1/5/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.646 | Priority creditor's name and mailing address Moreland Robin 3815 Bridgeview Drive South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$328.52 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.647 | Priority creditor's name and mailing address Morelli John 371 High Tee Street Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$204.62 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|---|-------------------|-------------------|
| 2.648 | Priority creditor's name and mailing address Kevin Morgan 70416 Springwood Circle Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,153.85 | \$2,153.85 |
| | Date or dates debt was incurred 5/2019 | Basis for the claim: Last week of pay | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-------------------|-------------------|
| 2.649 | Priority creditor's name and mailing address Morgan, Kevin 10416 Springwood Cr Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,015.60 | \$3,015.60 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.650 | Priority creditor's name and mailing address Morrison Bruce 2379 EARDLEY RD CLEVELAND, OH 44118-3721 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$512.08 | \$0.00 |
| | Date or dates debt was incurred 4/22/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
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|-------|---|--|-----------------|---------------|
| 2.651 | Priority creditor's name and mailing address Motley Brenda 16686 Findlay Street Chagrin Falls, OH 44023 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$173.20 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|---|-----------------|---------------|
| 2.652 | Priority creditor's name and mailing address Motley Dondero 7063 ROCKER AVE CHAGRIN FALLS, OH 44023-3652 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.00 | \$0.00 |
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| Date or dates debt was incurred 4/19/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
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|---|---|
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|---|---|

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|-------|---|---|-----------------|---------------|
| 2.653 | Priority creditor's name and mailing address Mroz Irene 10614 Granger Rd Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$148.50 | \$0.00 |
|-------|---|---|-----------------|---------------|

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| Date or dates debt was incurred 4/13/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|---|---|

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|-------|--|--|-------------------|-------------------|
| 2.654 | Priority creditor's name and mailing address Munoz, Monica 3417 Highview Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,531.60 | \$1,531.60 |
|-------|--|--|-------------------|-------------------|

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| Date or dates debt was incurred May, 2019 | Basis for the claim: Wages |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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|-------|--|--|-----------------|---------------|
| 2.655 | Priority creditor's name and mailing address NANCY HAZEL 6904 Highland Dr Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$524.88 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.656 | Priority creditor's name and mailing address NATE DESIMPLELAERE 112 Claremont Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$179.91 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.657 | Priority creditor's name and mailing address NATE MEHOLICK 18362 Bentwood Dr. Doylestown, OH 44230 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$230.58 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.658 | Priority creditor's name and mailing address Negard Gail 35000 EDDY RD WILLOUGHBY HILLS, OH 44094-8404 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$585.00 | \$0.00 |
| | Date or dates debt was incurred 3/21/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
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|---|---|--|-----------------|---------------|
| 2.659 | Priority creditor's name and mailing address Nesnadny Jill 7431 Lauren J Drive Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$442.98 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.660 | Priority creditor's name and mailing address Nesnadny Jill 7431 LAUREN J DR MENTOR, OH 44060-5726 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.00 | \$0.00 |
| Date or dates debt was incurred 3/25/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.661 | Priority creditor's name and mailing address Nevling Donna 960 Eaglewood Drive Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$257.36 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|---|-----------------|---------------|
| 2.662 | Priority creditor's name and mailing address Nevling Donna 960 EAGLEWOOD DR WILLOUGHBY, OH 44094-7106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$257.36 | \$0.00 |
| Date or dates debt was incurred 5/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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|-------|---|--|-----------------|-----------------|
| 2.663 | Priority creditor's name and mailing address Newson, Clara 3614 E. 140th St Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$875.84 | \$875.84 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|-----------------|
| 2.664 | Priority creditor's name and mailing address Newson, Cuana 1155 Piermont Rd South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$836.64 | \$836.64 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|---------------|---------------|
| 2.665 | Priority creditor's name and mailing address NICK LABELLA 5613 Cumberland Drive Garfield Hts, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.40 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.666 | Priority creditor's name and mailing address NICOLE PAVLIK 1913 Ashley Dr Hudson, OH 44236 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$120.29 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|-------|---|--|-----------------|-----------------|
| 2.667 | Priority creditor's name and mailing address Nikolic, Natasa 4880 Scottsdale Dr. North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$467.60 | \$467.60 |
|-------|---|--|-----------------|-----------------|

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| Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | |
|---|--------------------------------------|--|

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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
|---|---|--|

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|-------|--|--|-----------------|---------------|
| 2.668 | Priority creditor's name and mailing address NORMA KACZMAREK Parma, OH 44129 5258 West 83 Street | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$454.27 | \$0.00 |
|-------|--|--|-----------------|---------------|

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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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|-------|---|--|-----------------|---------------|
| 2.669 | Priority creditor's name and mailing address NORMA MUNOZ 3208 Tampa Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$225.72 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
|---|---|--|

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|-------|--|--|-----------------|---------------|
| 2.670 | Priority creditor's name and mailing address NORMAN BUSHNER 556 Rhodes Ave Akron, OH 44307 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$160.00 | \$0.00 |
|-------|--|--|-----------------|---------------|

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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
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|---|---|--|
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
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|--------|--|--|------------------------|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.671 | Priority creditor's name and mailing address Norman Richard 4004 Riveredge Rd Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$290.98 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.672 | Priority creditor's name and mailing address NORMAN SCHMIDT 1790 West 57 Street Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$361.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|---------------|
| 2.673 | Priority creditor's name and mailing address North Peggie 15002 Rosemary Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$198.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|---|---------------|---------------|
| 2.674 | Priority creditor's name and mailing address Novotny Terry 15541 Drake Rd Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 3/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|-------|--|---|-----------------|---------------|
| 2.675 | Priority creditor's name and mailing address O'Brien Heather 33733 KENILWORTH RD EASTLAKE, OH 44095-2547 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$188.00 | \$0.00 |
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| Date or dates debt was incurred 4/27/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|-----------------|---------------|
| 2.676 | Priority creditor's name and mailing address O'DELL BENFORD 10618 Prince Ave Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$428.76 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|---|--|-----------------|---------------|
| 2.677 | Priority creditor's name and mailing address O'Donnell Christelle 21765 Martins Way Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$185.76 | \$0.00 |
|-------|---|--|-----------------|---------------|

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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | | |
|-------|---|--|-----------------|---------------|
| 2.678 | Priority creditor's name and mailing address Ockenden Lynn 12 West Mather Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$401.76 | \$0.00 |
|-------|---|--|-----------------|---------------|

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|---|---|--|
| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|-------|---|--|-----------------|---------------|
| 2.679 | Priority creditor's name and mailing address OCTAVIA STOKES 702 35th St NW Canton, OH 44709 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$125.07 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|---------------|---------------|
| 2.680 | Priority creditor's name and mailing address Ohio Bureau of Workers Compensation Attn: Law Section Bankruptcy Unit P.O. Box 15567 Columbus, OH 43215-0567 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|---------------|---------------|
| 2.681 | Priority creditor's name and mailing address Ohio Dept. of Jobs & Family Services Attn: Collections Dept. P.O. Box 182404 Columbus, OH 43218-2404 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|---------------|---------------|
| 2.682 | Priority creditor's name and mailing address Ohio Dept. of Jobs & Family Services Program Services/Revenue Recovery P.O. Box 182404 Columbus, OH 43218-2404 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|-------|--|--|---------------|---------------|
| 2.683 | Priority creditor's name and mailing address Ohio Dept. of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: Listed for Precaution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.684 | Priority creditor's name and mailing address OLIVE EVANOFSKI 5050 Thomas Street Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.64 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass orders or deposits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.685 | Priority creditor's name and mailing address Oliver co June Oliver Thomas 4123 REGAL AVE BRUNSWICK, OH 44212-2921 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$129.00 | \$0.00 |
| | Date or dates debt was incurred 4/29/2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.686 | Priority creditor's name and mailing address Ondrejka Madeline 3185 Somerset Drive Shaker Hts, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$355.24 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Basis for the claim: Eyeglasses, deposits or orders Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.687 | Priority creditor's name and mailing address OREST BURBAN 6821 Irongate Dr North Royalton, OH 44133 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$154.55 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|-----------------|---------------|
| 2.688 | Priority creditor's name and mailing address Osborne Aileen 36250 N. Riverview Dr. Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$340.26 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|---------------|
| 2.689 | Priority creditor's name and mailing address Ostrowski Noelle 7304 Stone Rd Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$146.06 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|-----------------|---------------|
| 2.690 | Priority creditor's name and mailing address OTTO MAUCH 8808 Fernhill Ave Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.36 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.691 | Priority creditor's name and mailing address Page Melissa 7900 NEWELL CREEK DR Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.00 | \$0.00 |
| Date or dates debt was incurred 4/26/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.692 | Priority creditor's name and mailing address Page Catherine 15875 Prospect Rd Strongsville, OH 44149-4865 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.693 | Priority creditor's name and mailing address PAIGE STONE 4438 Lockmoor Ln Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.46 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.694 | Priority creditor's name and mailing address Palange Gilda 312 HILLSDALE CIR WADSWORTH, OH 44281-1008 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$330.52 | \$0.00 |
| Date or dates debt was incurred 4/15/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.695 | Priority creditor's name and mailing address Palumbo, Steve 7059 OAKWOOD RD Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$996.24 | \$996.24 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.696 | Priority creditor's name and mailing address PAMELA BROWN 3286 West 91 St Cleveland, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.24 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.697 | Priority creditor's name and mailing address PAMELINA ROSE 11421 Governor Avenue Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$60.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|-----------------|
| 2.698 | Priority creditor's name and mailing address Parsons, Theresa 203 IVANHOE RD Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$683.20 | \$683.20 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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|-------|---|--|----------------|---------------|
| 2.699 | Priority creditor's name and mailing address Pascu Eleonora 6290 Greenwood Pkwy #405 Sagamore Hills, OH 44067 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$15.60 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.700 | Priority creditor's name and mailing address PATRICK ROWELL 2632 Waterloo Rd. Mogadore, OH 44260 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$473.97 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.701 | Priority creditor's name and mailing address PATTY GROSSER 4012 Biddulph Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$38.45 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.702 | Priority creditor's name and mailing address PATTY KRYSTOFEK 3353 Tyler Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$672.52 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.703 | Priority creditor's name and mailing address PATTY LEWIS 5541 Chevrolet Blvd. B-503 Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$30.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.704 | Priority creditor's name and mailing address PATTY NICHOLS 6457 Leslie Drive Brookpark, OH 44142 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$22.76 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.705 | Priority creditor's name and mailing address PATTY VARNEY 1422 Garfield Ave. Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$364.80 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.706 | Priority creditor's name and mailing address PAUL ONEIL 6263 Bonita Rd Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$145.18 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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|-------|---|--|-----------------|---------------|
| 2.707 | Priority creditor's name and mailing address PAUL PAWLOWSKI 350 Winchester Ln Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$467.80 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.708 | Priority creditor's name and mailing address PAULA ATWOOD 9627 E. Idlewood Dr. Unit D11 Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$413.74 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.709 | Priority creditor's name and mailing address PAULA COOK-BOWERS 4555 M.I.k. Drive Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$327.61 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|---|-----------------|---------------|
| 2.710 | Priority creditor's name and mailing address Pavlik Janet 1913 ASHLEY DR HUDSON, OH 44236 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$185.47 | \$0.00 |
| | Date or dates debt was incurred 4/13/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.711 | Priority creditor's name and mailing address Payne Todd 6657 Bretton Ridge Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$214.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.712 | Priority creditor's name and mailing address Payne Todd 6657 Bretton Ridge Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$424.12 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|----------------|---------------|
| 2.713 | Priority creditor's name and mailing address Payton Patricia 1025 East 169th Street Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$37.14 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.714 | Priority creditor's name and mailing address Pecoraro Julie 2863 SCARBOROUGH RD CLEVELAND HEIGHTS, OH 44118-4053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$205.20 | \$0.00 |
| Date or dates debt was incurred 4/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.715 | Priority creditor's name and mailing address Pecoraro Steven 2863 SCARBOROUGH RD CLEVELAND HEIGHTS, OH 44118-4053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$126.14 | \$0.00 |
| Date or dates debt was incurred 4/9/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.716 | Priority creditor's name and mailing address PETER GREENE 4993 Robinhood Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$163.20 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.717 | Priority creditor's name and mailing address PETER MAMONE 6468 Brook Hill Drive Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$103.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.718 | Priority creditor's name and mailing address Phan Alexander 7722 Southland Dr. Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$263.22 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.719 | Priority creditor's name and mailing address Phan Alexander 7722 Southland Dr. Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$141.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.720 | Priority creditor's name and mailing address Phillip Jean 19304 Fairway Ave Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$191.08 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.721 | Priority creditor's name and mailing address Phillips co Karen Phillips Katelyn 122 W Satin Rd Jefferson, OH 44047 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$186.04 | \$0.00 |
| Date or dates debt was incurred 5/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.722 | Priority creditor's name and mailing address Pierce Jr Ralph 3303 LIBRARY AVE CLEVELAND, OH 44109-2231 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$186.00 | \$0.00 |
| Date or dates debt was incurred 4/26/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.723 | Priority creditor's name and mailing address Pierson Zellous 4724 E 93 Rd Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$434.16 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.724 | Priority creditor's name and mailing address Pirnat Stephen 5160 Deer Ridge Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$170.13 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.725 | Priority creditor's name and mailing address Pistilli Barb 3209 Altoona Rd Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$226.63 | \$0.00 |
| Date or dates debt was incurred 5/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.726 | Priority creditor's name and mailing address Pitts Karen 4116 W. 158 Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$223.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.727 | Priority creditor's name and mailing address Plett Philip 3588 GOTTSCHIE CT BRUNSWICK, OH 44212-2251 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$10.00 | \$0.00 |
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| Date or dates debt was incurred 4/19/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.728 | Priority creditor's name and mailing address Pounds-lewis Carolyn 1845 Maplegrove Dr Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred 3/19/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.729 | Priority creditor's name and mailing address PRESTON WISE 33574 Overland Lane Solon, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$240.76 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|-----------------|---------------|
| 2.730 | Priority creditor's name and mailing address Pretnar Robert 24400 Hartland Road Euclid, OH 44123 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$106.80 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.731 | Priority creditor's name and mailing address Price Stephen 330 Rivermoor Dr Mogadore, OH 44260 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.25 | \$0.00 |
| Date or dates debt was incurred 5/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.732 | Priority creditor's name and mailing address Pring Linda 24528 Bassett Rd Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$396.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.733 | Priority creditor's name and mailing address Pultz Mary 12874 Olympus Way Strongsville, OH 4414... | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$139.32 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.734 | Priority creditor's name and mailing address Purdy Thomas 1235 DELLWOOD DR WESTLAKE, OH 44145-1360 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 5/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.735 | Priority creditor's name and mailing address Quella Stephanie 26613 N Park Blvd Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass Purchase or Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.736 | Priority creditor's name and mailing address QUINN MCDERMOTT 21825 Rye Rd. Beachwood, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$254.68 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass orders or deposits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.737 | Priority creditor's name and mailing address RACHEL ZULLO 4601 West 157th St Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$356.40 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglass orders or deposits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|-----------------|---------------|
| 2.738 | Priority creditor's name and mailing address Ragon Deborah 11921 Tucson Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$287.48 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: Eyeglasses, deposits or orders Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.739 | Priority creditor's name and mailing address Rahn Nancy 28612 Gillcrest Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$212.93 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.740 | Priority creditor's name and mailing address Rahn Nancy 28612 GILCHRIST DR WILLOWICK, OH 44095-4568 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$400.00 | \$0.00 |
| Date or dates debt was incurred 4/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.741 | Priority creditor's name and mailing address Rak Sherrie 12981 Durkee Grafton, OH 44044 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$272.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.742 | Priority creditor's name and mailing address RAMON RODRIGUEZ 3632 West 122 Nd St Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$38.45 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.743 | Priority creditor's name and mailing address Ramsey Martha 8590 FOX HOLLOW DR BROADVIEW HEIGHTS, OH 44147-1926 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.90 | \$0.00 |
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| Date or dates debt was incurred 5/6/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.744 | Priority creditor's name and mailing address RANDALL RISER 3271 Jeanne Dr Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$128.20 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.745 | Priority creditor's name and mailing address RASHETA TADESSE 611 Deering Dr Akron, OH 44313 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$386.38 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.746 | Priority creditor's name and mailing address RAY KASCHULLA 6880 Lynette Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$392.04 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.747 | Priority creditor's name and mailing address RAY RYBKA 2634 Marland Dr Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$288.24 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.748 | Priority creditor's name and mailing address RAY SZERENSCI 2102 Lindbergh Ave Cuyahoga Falls, OH 44223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$41.34 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.749 | Priority creditor's name and mailing address RAYMOND GEORGE 2211 Green Road Cleveland, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$137.80 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.750 | Priority creditor's name and mailing address Reading Elizabeth 812 SAVANNAH TRL MEDINA, OH 44256-7148 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.00 | \$0.00 |
| | Date or dates debt was incurred 5/4/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.751 | Priority creditor's name and mailing address REGGIE DANIELS P.O. Box 03193 Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.21 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.752 | Priority creditor's name and mailing address Regional Income Tax Agency 10107 Brecksville Road Brecksville, OH 44141 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Listed for Precaution | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.753 | Priority creditor's name and mailing address Reilley Kathy 4048 West 204th Street Fairview Park, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$351.00 | \$0.00 |
| | Date or dates debt was incurred 4/20/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.754 | Priority creditor's name and mailing address Rentschler Thomas 38401 Eaglesnest Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$398.04 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.755 | Priority creditor's name and mailing address Rentschler Thomas 38401 EAGLE NEST DR WILLOUGHBY HILLS, OH 44094-6946 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$398.04 | \$0.00 |
| | Date or dates debt was incurred 1/18/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.756 | Priority creditor's name and mailing address Revay Thomas 6606 REGENCY DR PARMA, OH 44129-6111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$132.24 | \$0.00 |
| | Date or dates debt was incurred 3/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.757 | Priority creditor's name and mailing address Reyes Ivan 123 Burton St. Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$21.40 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.758 | Priority creditor's name and mailing address RHONDA GUDDY 5329 Jenny Dr Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$389.06 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.759 | Priority creditor's name and mailing address RICHARD BUDOVEC 6406 Monmouth Rd. Cleveland, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$130.08 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.760 | Priority creditor's name and mailing address RICHARD DONELAN 7435 Gerald Dr Middleburg Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$106.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.761 | Priority creditor's name and mailing address RICHARD FISHER 9408 Pratt Ave Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$189.84 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.762 | Priority creditor's name and mailing address RICHARD HUMESTON 385 Lakewood Ave Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$112.62 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.763 | Priority creditor's name and mailing address RICHARD MILLER 12758 West 130 Th St Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$304.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.764 | Priority creditor's name and mailing address RICHARD WINROD 1015 Avian Ct Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$333.06 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.765 | Priority creditor's name and mailing address RICHARD YARMUSCH 8305 Pin Oak Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$528.12 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.766 | Priority creditor's name and mailing address Ring Bruce 194 Warner Rd Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 4/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.767 | Priority creditor's name and mailing address Rini Joanne 23837 Mesbury Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$513.84 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.768 | Priority creditor's name and mailing address Rini Joanne 23837 AMESBURY DR NORTH OLMSTED, OH 44070-1559 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.00 | \$0.00 |
| | Date or dates debt was incurred 4/30/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.769 | Priority creditor's name and mailing address RITA BLACK 3711 Manchester Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$277.26 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.770 | Priority creditor's name and mailing address Ritter Janice 8710 Lakeshore Blvd Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$219.46 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.771 | Priority creditor's name and mailing address ROBERT GIMZA 30120 Forestgrove Road Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$494.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.772 | Priority creditor's name and mailing address ROBERT GRIFFIN 3928 Lor Ron Ave Brimfield, OH 44240 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$330.50 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.773 | Priority creditor's name and mailing address ROBERT HAUG 4284 Alpine Hill Ct Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$428.59 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.774 | Priority creditor's name and mailing address ROBERT HEAD 19516 Libby Rd Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$136.10 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.775 | Priority creditor's name and mailing address ROBERT HUFFER 3423 Priscilla Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$272.84 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.776 | Priority creditor's name and mailing address ROBERT JONES 4180 East 147th Street Cleveland, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$130.88 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.777 | Priority creditor's name and mailing address ROBERT JONES 281 Morrison Ave Cuyahoga Falls, OH 44221 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$71.14 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.778 | Priority creditor's name and mailing address ROBERTO SANTANA 4000 Westbrook Drive #629 Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$116.47 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.779 | Priority creditor's name and mailing address ROBIN TRAPP 1828 W. Ridgewood Dr Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$182.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.780 | Priority creditor's name and mailing address ROBY KOUNTZ 16035 Bowfin Brookpark, OH 44142 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$430.22 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.781 | Priority creditor's name and mailing address Rogers Cassandra 3258 West 141st Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$290.72 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.782 | Priority creditor's name and mailing address Rogers Raynard 2008 Washington Drive Richmond Heights, OH 44143 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$170.13 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.783 | Priority creditor's name and mailing address Romoga John 26835 Locust Dr Olmsted Falls, OH 44138 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$35.64 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.784 | Priority creditor's name and mailing address RON FINNEY 2090 Goodyear Blvd Akron, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$201.76 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.785 | Priority creditor's name and mailing address RON RITTER 149 Leighton Ln Akron, OH 44319 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$296.78 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.786 | Priority creditor's name and mailing address RONALD SEESE 4230 Americana Dr #201 Cuyahoga Falls, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$28.51 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.787 | Priority creditor's name and mailing address Rorher, Darlene 17 Boulder Blvd PENINSULA, OH 44264 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$924.00 | \$924.00 |
| | Date or dates debt was incurred May, 2019 | Basis for the claim: Wages | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.788 | Priority creditor's name and mailing address ROSE GIOVANNAZZO 180 Roosevelt Ave Elyria, OH 44035 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$339.11 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.789 | Priority creditor's name and mailing address Rose Louise 16409 Laverne Ave Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$135.28 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.790 | Priority creditor's name and mailing address Rose Pamelina 11421 Governor Ave Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$346.00 | \$0.00 |
| | Date or dates debt was incurred 4/19/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.791 | Priority creditor's name and mailing address ROSE TURNER 12518 Craven Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$434.10 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.792 | Priority creditor's name and mailing address ROSEMARIE BLAKE 13798 Indian Creek Middleburg Hts, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$217.45 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.793 | Priority creditor's name and mailing address Rosen Joanne 1891 Marsh Lane Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$410.88 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.794 | Priority creditor's name and mailing address Roser Lyndsy 892 LAWRENCE ST MEDINA, OH 44256-2849 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.795 | Priority creditor's name and mailing address Rossilli Milka 1095 Tioga Trail Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$197.95 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.796 | Priority creditor's name and mailing address Rowell Patrick 2632 Waterloo Rd Mogadore, OH 44260 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$473.00 | \$0.00 |
| Date or dates debt was incurred 4/8/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.797 | Priority creditor's name and mailing address RUSSELL CHESBRO 2 Jasmine Crt Rittman, OH 44270 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$141.27 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.798 | Priority creditor's name and mailing address Russell Tony 766 Utica Ave Akron, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 4/27/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.799 | Priority creditor's name and mailing address RUTH YELSIK 15913 Northwood Ave Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.800 | Priority creditor's name and mailing address RYAN FLETCHER 849 East Dartmoor Ave. Sevenhills, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$20.96 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.801 | Priority creditor's name and mailing address Rybka Ray 2634 MARLAND DR HINCKLEY, OH 44233-9114 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$885.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.802 | Priority creditor's name and mailing address Sabolik Mark 3923 W 158 St Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$128.52 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.803 | Priority creditor's name and mailing address SABRINA GREEN 832 Needham Court Macedonia, OH 44056 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$92.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.804 | Priority creditor's name and mailing address SAGE EGGLESTON 1015 N. Revere Rd. Akron, OH 44333 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$30.39 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.805 | Priority creditor's name and mailing address Sage Russ 8939 SHANK RD LITCHFIELD, OH 44253-9773 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.806 | Priority creditor's name and mailing address SAM LINGENFELTER 2332 10th St Cuyahoga Falls, OH 44221 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$465.37 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|-------|--|--|-----------------|---------------|
| 2.807 | Priority creditor's name and mailing address Samuels Harry D 1124 Brandon Rd Cleveland, OH 44112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$580.85 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.808 | Priority creditor's name and mailing address Sanders Desiree 3139 W 11TH ST CLEVELAND, OH 44109-1803 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|----------------|---------------|
| 2.809 | Priority creditor's name and mailing address SANDRA WARD 3625 Laymond Blvd Cleveland, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$30.20 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.810 | Priority creditor's name and mailing address SARAH MOBLEY 11317 Whitmore Avenue Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$50.38 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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|-------|--|--|-----------------|---------------|
| 2.811 | Priority creditor's name and mailing address Sauer Ronald 4339 West 226th Street Cleveland, OH 44114 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$560.30 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.812 | Priority creditor's name and mailing address Sauer Ronald 4339 West 226th Street Cleveland, OH 44114 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$383.94 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|-----------------|---------------|
| 2.813 | Priority creditor's name and mailing address Sauer Ronald 4339 W 226TH ST FAIRVIEW PARK, OH 44126-1828 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$944.24 | \$0.00 |
| | Date or dates debt was incurred 4/22/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.814 | Priority creditor's name and mailing address Saunders Ella 14714 Shaw Ave East Cleveland, OH 44112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$362.88 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.815 | Priority creditor's name and mailing address SAVANNAH MANSI 5858 Clearview Dr Parma Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$160.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.816 | Priority creditor's name and mailing address SCARLETT TANNER 107 Hemlock Drive Creston, OH 44217 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$236.46 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.817 | Priority creditor's name and mailing address Schatz Eric 1119 Christina Cout Painesville, OH 44077 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$294.25 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.818 | Priority creditor's name and mailing address Schiebli, Erica 34740 IRIS LANE Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$778.40 | \$778.40 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.819 | Priority creditor's name and mailing address Schmitz Matthew 2191 E GILWOOD DR STOW, OH 44224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$95.00 | \$0.00 |
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| Date or dates debt was incurred 4/27/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.820 | Priority creditor's name and mailing address Schmuhl Darlene 11230 Brentwood Lane Chardon, OH 44024 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.68 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.821 | Priority creditor's name and mailing address Schroer Brian 29800 Emery Rd Chagrin Falls, OH 44022 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$315.36 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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|-------|---|--|-----------------|---------------|
| 2.822 | Priority creditor's name and mailing address Schroer Brian 29800 Emery Rd Chagrin Falls, OH 44022 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$147.88 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.823 | Priority creditor's name and mailing address SCOTT GORRIS 1864 Rocklyn Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$659.71 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|-----------------|
| 2.824 | Priority creditor's name and mailing address Seeholzer, Kathleen 9700 W. MORELAND RD Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$308.00 | \$308.00 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.825 | Priority creditor's name and mailing address Segulin Joseph 7508 Mckinley Street Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.36 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.826 | Priority creditor's name and mailing address Segulin Joseph 7508 Mckinley St Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$391.36 | \$0.00 |
| Date or dates debt was incurred 3/14/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.827 | Priority creditor's name and mailing address Serback Mark 1189 Elm St Grafton, OH 44044 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$197.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.828 | Priority creditor's name and mailing address Serback Mark 1189 ELM ST GRAFTON, OH 44044 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$197.92 | \$0.00 |
| Date or dates debt was incurred 4/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.829 | Priority creditor's name and mailing address Seren Kahlil 2352 Demington Drive Cleveland Heights, OH 44106-3618 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$221.60 | \$0.00 |
| Date or dates debt was incurred 12/26/2018 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.830 | Priority creditor's name and mailing address Sergon Linda 797 Valdes Ave Akron, OH 44320 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
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| 2.831 | Priority creditor's name and mailing address Sevensson Lars 7793 Gates Mills, OH 44040 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$596.16 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.832 | Priority creditor's name and mailing address Shannon Steven 3652 Orchard Street Mogadore, OH 44260 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$104.62 | \$0.00 |
| Date or dates debt was incurred 4/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.833 | Priority creditor's name and mailing address SHARON LENARCIC 1075 East 61st St Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.834 | Priority creditor's name and mailing address Sharp Barry 528 E 108TH ST CLEVELAND, OH 44108-1436 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$18.00 | \$0.00 |
| Date or dates debt was incurred 5/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.835 | Priority creditor's name and mailing address SHELLEY BOULTON 4817 Grafton Rd Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$203.04 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.836 | Priority creditor's name and mailing address SHELONDA WOODS 17315 Ridgeton Rd Garfield Heights, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$174.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.837 | Priority creditor's name and mailing address Shelton Larry 3246 Scarborough Cleveland Heights, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred 5/10/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.838 | Priority creditor's name and mailing address Sherman Tammy 120 RUTH ELLEN DR STE 414 RICHMOND HTS, OH 44143-1059 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.839 | Priority creditor's name and mailing address Shetty Mihir 841 Hamlet Lane-B-1 Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$347.12 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.840 | Priority creditor's name and mailing address Shetty Shashirekha 841 Hamlet Lane B1 Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$347.12 | \$0.00 |
| Date or dates debt was incurred 3/29/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.841 | Priority creditor's name and mailing address SHIRLEY HALE 1511 North Jefferson Street Medina, OH 44256 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$184.39 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.842 | Priority creditor's name and mailing address SHIRLEY KELLEY 3802 Daisey Ave Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$99.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.843 | Priority creditor's name and mailing address SHIRLEY TOMER 1564 Diana Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$262.84 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.844 | Priority creditor's name and mailing address SHRIYA SELVAN 8075 Darbys Run Chagrin Falls, OH 44023 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$156.72 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.845 | Priority creditor's name and mailing address Sieger Morgan 13193 HAMPTON CLUB DR NORTH ROYALTON, OH 44133-7412 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$160.00 | \$0.00 |
| Date or dates debt was incurred 5/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.846 | Priority creditor's name and mailing address Sim Gail 1103 Webster Road Jefferson, OH 44047 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.09 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.847 | Priority creditor's name and mailing address Simcic Mark 3665 RUSSETT DR BROADVIEW HEIGHTS, OH 44147-2619 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$258.12 | \$0.00 |
| Date or dates debt was incurred 4/30/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.848 | Priority creditor's name and mailing address Simmerly Leonard 17140 Amber Drive Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$198.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.849 | Priority creditor's name and mailing address Simpkins Roberta 5807 Redwood Ct Mentor on the Lake, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.850 | Priority creditor's name and mailing address Sinor Michelle 517 GREENWOOD AVE AKRON, OH 44320 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$352.56 | \$0.00 |
| Date or dates debt was incurred 5/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.851 | Priority creditor's name and mailing address Slabaugh Joe C/o Deborah Slabaugh North Canton, OH 44720 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$413.00 | \$0.00 |
| Date or dates debt was incurred 4/27/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.852 | Priority creditor's name and mailing address Sledz Thomas 27992 Blossom Lane North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$240.36 | \$0.00 |
| Date or dates debt was incurred 4/13/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.853 | Priority creditor's name and mailing address Smedira Amy 6380 Woodhawk Drive Cleveland, OH 44124 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$14.00 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.854 | Priority creditor's name and mailing address Smiddie Kellie 4223 Brookway Lane Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$223.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.855 | Priority creditor's name and mailing address Smiddie Kellie 4223 BROOKWAY LN BROOKLYN, OH 44144-1304 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$223.56 | \$0.00 |
| Date or dates debt was incurred 4/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.856 | Priority creditor's name and mailing address Smith co Cynthia Smith Emily 1972 KRUMROY RD AKRON, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$136.00 | \$0.00 |
| Date or dates debt was incurred 5/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.857 | Priority creditor's name and mailing address Smith Cynthia 1972 Krumroy Road AKRON, OH 44312 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$136.00 | \$0.00 |
| Date or dates debt was incurred 5/1/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.858 | Priority creditor's name and mailing address Smith, Kristina 2010 Coventry Drive Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$86.00 | \$86.00 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.859 | Priority creditor's name and mailing address Smrdel Gary 4251 Oregon St Perry, OH 44081 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$169.95 | \$0.00 |
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| Date or dates debt was incurred 4/1/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.860 | Priority creditor's name and mailing address Snow William 7080 Elizabeth Ct. Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$105.63 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.861 | Priority creditor's name and mailing address Snyder, Denise 6770 PARKGATE OVAL Seven Hills, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,849.68 | \$1,849.68 |
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| Date or dates debt was incurred May, 2019 | Basis for the claim: Wages |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.862 | Priority creditor's name and mailing address Socha Donna 5555 Revere Run Canfield, OH 44406 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$346.60 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.863 | Priority creditor's name and mailing address Socha Donna 5555 Revere Run Canfield, OH 44406 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$250.56 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.864 | Priority creditor's name and mailing address Soeder Edwin 7734 Tea Rose Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$325.55 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.865 | Priority creditor's name and mailing address Soeder Edwin 7734 Tea Rose Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$661.26 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.866 | Priority creditor's name and mailing address Soeder Laura 4912 Behrwald Ave Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$500.72 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.867 | Priority creditor's name and mailing address Soeder Laura 4912 BEHRWALD AVE CLEVELAND, OH 44144-3609 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$734.00 | \$0.00 |
| Date or dates debt was incurred 4/16/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.868 | Priority creditor's name and mailing address SONIA CALDERON 4133 West 50th Street Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$152.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.869 | Priority creditor's name and mailing address SONJA GALLAGHER 1533 East 195th St Euclid, OH 44117 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$165.80 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.870 | Priority creditor's name and mailing address Soucek, Mark 10222 HUNTINGTON PARK DR Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,457.68 | \$1,457.68 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.871 | Priority creditor's name and mailing address Spain Samuel 4267 Lake Road East Geneva, OH 44041 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$467.84 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.872 | Priority creditor's name and mailing address Spain Samuel 4267 Lake Road East Geneva, OH 44041 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$12.18 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.873 | Priority creditor's name and mailing address Spencer Loretta 1082 Seward Avenue Akron, OH 44320 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$107.64 | \$0.00 |
| Date or dates debt was incurred 1/31/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.874 | Priority creditor's name and mailing address Spurlock Carolyn 55 Barrett Rd Apt 619 Berea, OH 44017 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$486.00 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.875 | Priority creditor's name and mailing address Spurlock Carolyn 27419 Detroit Rd Apt G67 Westlake, OH 44145 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$621.00 | \$0.00 |
| Date or dates debt was incurred 4/4/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.876 | Priority creditor's name and mailing address Stall Robert 17903 Lake Rd Lakewood, OH 44107 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$214.40 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.877 | Priority creditor's name and mailing address Stallings Regina 2853 East 127th Up Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$52.00 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.878 | Priority creditor's name and mailing address STAN BORYCZKA 1397 Shinnecock Path Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$504.21 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.879 | Priority creditor's name and mailing address STANLEY BETTS 1088 Beechmont Oval Orange, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$404.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.880 | Priority creditor's name and mailing address Stasiak Melissa 1687 ARBUTUS DR HUDSON, OH 44236 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$400.00 | \$0.00 |
| Date or dates debt was incurred 4/25/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.881 | Priority creditor's name and mailing address State of Ohio c/o Attorney General Collection Enforcement Section Attn: Bankruptcy Staff 150 E. Gay St., 21st Floor Columbus, OH 43215 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Listed for Precaution | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.882 | Priority creditor's name and mailing address STEPHANIE WATROBA 12812 Willard Garfield Hts, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$268.60 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.883 | Priority creditor's name and mailing address STEPHEN YAGERSZ 2076 Boston Hinckley, OH 44233 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$621.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.884 | Priority creditor's name and mailing address STEVE PIEFFER 5100 Archmere Avenue Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$343.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.885 | Priority creditor's name and mailing address STEVE PRICE 330 Rivermoor Dr Mogadore, OH 44260 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.25 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.886 | Priority creditor's name and mailing address Stewart John 5937 Springwood Dr Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$243.96 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.887 | Priority creditor's name and mailing address Straub John 1224 East 348 Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4.48 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.888 | Priority creditor's name and mailing address Strouth Richard 4554 W 220 Cleveland, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$426.68 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.889 | Priority creditor's name and mailing address Stubbs Alicia 9600 NELSON AVE CLEVELAND, OH 44105-4062 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$407.68 | \$0.00 |
| Date or dates debt was incurred 4/11/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.890 | Priority creditor's name and mailing address Suhadolnik Judy 37180 Shady Drive North Ridgeville, OH 44039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$388.80 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.891 | Priority creditor's name and mailing address SUSAN BUATOIS 1443 Phippen Circle Broadview Heights, OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$397.11 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.892 | Priority creditor's name and mailing address SUSAN CARLIN 1111 Tuxedo Ave. Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$208.64 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.893 | Priority creditor's name and mailing address SUSAN CASTLEBERRY 4903 East 96th Street Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$184.84 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.894 | Priority creditor's name and mailing address SUSETTE ZIATS 4625 Brookstone Crt. Brunswick, OH 44212 Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$349.51 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.895 | Priority creditor's name and mailing address Swartz James 2449 Plumb Creek Dr Roaming Shores, OH 44084 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$283.49 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.896 | Priority creditor's name and mailing address Tanner Melanie 107 HEMLOCK DR CRESTON, OH 44217 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$585.53 | \$0.00 |
| | Date or dates debt was incurred 4/13/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.897 | Priority creditor's name and mailing address TANYA HAIRSTON 13417 Fourth Ave. Cleveland, OH 44112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$85.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.898 | Priority creditor's name and mailing address TANYA HICKSON 1283 Marcy St Akron, OH 44301 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$142.69 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
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| 2.899 | Priority creditor's name and mailing address TARA HOFFMAN 13125 Astor Avenue Cleveland, OH 44135 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$139.56 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.900 | Priority creditor's name and mailing address Taylor Brian 2270 Noble Rd. Cleveland, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$167.29 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.901 | Priority creditor's name and mailing address Taylor Patrick 5905 S. Park Dr Lorain, OH 44053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$302.16 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.902 | Priority creditor's name and mailing address Taylor Tatianna 2831 Hampshire Road Unit 3 Cleveland, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$98.20 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.903 | Priority creditor's name and mailing address TE-SHAWN LEE 3370 Seaton Road Cleveland, OH 44118 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$128.08 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.904 | Priority creditor's name and mailing address TED RYPEL 7031 Middlebrook Blvd Middleburg Hts., OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$505.44 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.905 | Priority creditor's name and mailing address TERESA FIGLIANO 4759 Deborah Lynn Dr. Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$280.80 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.906 | Priority creditor's name and mailing address TERESA MATSON 6821 Drexel Drive Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$214.89 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|-------|---|--|--|----------------|---------------|
| 2.907 | Priority creditor's name and mailing address TERRENC GRIFFIN 3964 E155 Garfield Heights, OH 44128 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$80.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|--|-----------------|---------------|
| 2.908 | Priority creditor's name and mailing address TERRI DANIELS 1413 East 95th Street Cleveland, OH 44108 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$311.88 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|--|-----------------|---------------|
| 2.909 | Priority creditor's name and mailing address TERRI MCDONALD 11440 Bobko Blvd. Parma, OH 44130 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$145.53 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|--|-----------------|---------------|
| 2.910 | Priority creditor's name and mailing address Terriaco Ronald 7030 Pinehill Rd Painesville, OH 44077 | | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$295.32 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.911 | Priority creditor's name and mailing address TERRY BLAZEY 10282 Oak Branch Trail Strongsville, OH 44149 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$340.36 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.912 | Priority creditor's name and mailing address TERRY COBB 3625 East 118th St Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$193.16 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.913 | Priority creditor's name and mailing address TERRY NOVOTNY 15541 Drake Rd Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$395.63 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.914 | Priority creditor's name and mailing address TERRY PALANGE 312 Hillsdale Circle Wadsworth, OH 44281 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$320.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | | |
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| 2.915 | Priority creditor's name and mailing address TERRY RAGLAND 495 Fritch Akron, OH 44314 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$279.57 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.916 | Priority creditor's name and mailing address TEVIN RUSH 856 Archer Road Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$208.36 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.917 | Priority creditor's name and mailing address THANH NGUYEN 9664 Melody Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$233.28 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.918 | Priority creditor's name and mailing address Thein Jamye 8399 Celianna Drive Strongsville, OH 44136 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$439.04 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.919 | Priority creditor's name and mailing address THELMA FORT 881 Belden Ave. Akron, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$310.83 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.920 | Priority creditor's name and mailing address THERESA CASTRO 4100 Westbrook Dr#126 Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$288.43 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.921 | Priority creditor's name and mailing address THERESA JENKINS 4141 Princeton Blvd. South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$165.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.922 | Priority creditor's name and mailing address THERESA KRATZER 2007 Pinewood Dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$325.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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|-------|--|--|-----------------|---------------|
| 2.923 | Priority creditor's name and mailing address THERESA WAGNER 6472 State Rd J3 Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$155.24 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.924 | Priority creditor's name and mailing address THERESIA SULEA 7003 Forest Ave Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$317.52 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.925 | Priority creditor's name and mailing address Thieryoung Anne 20201 Lorain Rd #515 Cleveland, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$330.24 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.926 | Priority creditor's name and mailing address Thieryoung Anne 20201 Lorain Rd #515 Cleveland, OH 44126 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$211.20 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.927 | Priority creditor's name and mailing address Thieryoung Anne 20201 LORAIN RD STE 515 FAIRVIEW PARK, OH 44126-3483 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$330.24 | \$0.00 |
| Date or dates debt was incurred 3/28/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|----------------|---------------|
| 2.928 | Priority creditor's name and mailing address Thomas Sonya 21651 Ball Ave Euclid, OH 44123 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$28.89 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|-----------------|---------------|
| 2.929 | Priority creditor's name and mailing address Thompson Stacie 4097 Wyncote Rd. Cleveland, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$240.05 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.930 | Priority creditor's name and mailing address Thompson Stacie 4097 wyncote rd South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$180.00 | \$0.00 |
| Date or dates debt was incurred 5/6/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.931 | Priority creditor's name and mailing address TIM CALLAHAN 10413 South Highland Ave Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$302.56 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.932 | Priority creditor's name and mailing address TIM KNAPIK 4090 East59 Street Cleveland, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$279.29 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|---------------|
| 2.933 | Priority creditor's name and mailing address TIM MCDONALD 11440 Bobko Blvd. Parma, OH 44130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$256.07 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.934 | Priority creditor's name and mailing address TOBY OSBORN 18 N Hickin St Rittman, OH 44270 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$10.37 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.935 | Priority creditor's name and mailing address Tokarski Heather 9311 LORRICH DR MENTOR, OH 44060-1711 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$183.96 | \$0.00 |
| Date or dates debt was incurred 3/18/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.936 | Priority creditor's name and mailing address TOM GALLAGHER 4729 East 90th Street Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$158.76 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.937 | Priority creditor's name and mailing address TOM MICHELSON 3573 Castleton Ln Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$544.43 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.938 | Priority creditor's name and mailing address TOM OLIVER 4123 Regal Ave Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$126.85 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.939 | Priority creditor's name and mailing address TOM REVAY 6606 Regency Drive Parma, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$132.24 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.940 | Priority creditor's name and mailing address TOM SPENCE 1782 Tree Top Trail Apt A Building 15, AKRON, OH 44313 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$352.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.941 | Priority creditor's name and mailing address TOM SZEMON 8957 Sandpiper Dr. Streetsboro, OH 44241 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$173.62 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.942 | Priority creditor's name and mailing address TONI CODE-JONES 757 Independence Ave Akron, OH 44310 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$286.66 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.943 | Priority creditor's name and mailing address TONY LEVENDERIS 545 Woodland Dr Tallmadge, OH 44278 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$532.68 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.944 | Priority creditor's name and mailing address TONY YOUNGS 18401 Winslow Rd Beachwood, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$111.48 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.945 | Priority creditor's name and mailing address TONYA RIPPLINGER 1932 Caroline Ave Akron, OH 44320 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$308.38 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.946 | Priority creditor's name and mailing address Torarski Heather 9311 Lorrich Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$166.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.947 | Priority creditor's name and mailing address Toth Garry 7066 BENTLEY PL PAINESVILLE, OH 44077-2212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$152.15 | \$0.00 |
| Date or dates debt was incurred 4/19/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.948 | Priority creditor's name and mailing address Towns Shelle 6349 SPARROWHAWK WAY OAKWOOD VILLAGE, OH 44146-3167 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$133.00 | \$0.00 |
| Date or dates debt was incurred 4/6/2009 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.949 | Priority creditor's name and mailing address TRINA MERKLE 3353 Fulton Rd Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$8.21 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.950 | Priority creditor's name and mailing address Tucker Courtney 3560 GRANTON AVE CLEVELAND, OH 44111-2972 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.951 | Priority creditor's name and mailing address Tuma Janette 23101 Macbeth Avenue North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred 7/1/1997 | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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|-------|--|--|-----------------|---------------|
| 2.952 | Priority creditor's name and mailing address Turk Kristie 4870 Eastlake Drive Geneva, OH 44041 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$290.90 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.953 | Priority creditor's name and mailing address Turner Rose 12518 CRAVEN AVE CLEVELAND, OH 44105-2650 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred 4/2/2019 | Basis for the claim: Eyeglass Purchase or Deposit |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 2.954 | Priority creditor's name and mailing address Tutolo Anthony 242 E. 330th St. Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$173.55 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) |
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| 2.955 | Priority creditor's name and mailing address TYRA CANTY-MONTGOMERY 11810 Darlington Ave Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$203.01 | \$0.00 |
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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.956 | Priority creditor's name and mailing address Tyrus April 11709 Nelson Ct Apt 3 Lakewood, OH 44107 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$50.16 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.957 | Priority creditor's name and mailing address U.S.A. - c/o U.S. Atty. Gen. Main Justice Building 10th & Constitution Aves., NW Washington, DC 20535 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred | Basis for the claim: Listed for Precaution |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|-------|--|--|---------------|---------------|
| 2.958 | Priority creditor's name and mailing address U.S.A. - c/o U.S. District Atty. Carl B. Stokes U.S. Court House 801 West Superior Ave., Suite 400 Cleveland, OH 44113-1852 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred | Basis for the claim: Listed for Precaution |
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| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) _____ |
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| 2.959 | Priority creditor's name and mailing address VALERIE BEARD 4133 East 154th Garfield Heights, OH 44128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|----------------|---------------|
| 2.960 | Priority creditor's name and mailing address Vales Maosha 3122 E 99th St Cleveland, OH 44104 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$59.00 | \$0.00 |
| | Date or dates debt was incurred 3/11/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-----------------|---------------|
| 2.961 | Priority creditor's name and mailing address VANISREE VELAMOOR 7536 Royal Portrush Dr. Solon, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$235.60 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.962 | Priority creditor's name and mailing address Vantsa Yevhen 5686 Broadview Rd Apt 2304 Cleveland, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$144.68 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.963 | Priority creditor's name and mailing address Varney Mary 1422 GARFIELD AVE BRUNSWICK, OH 44212-3314 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$364.80 | \$0.00 |
| Date or dates debt was incurred 5/17/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|---------------|
| 2.964 | Priority creditor's name and mailing address Vason Ossie 4580 Andorra Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$319.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|---------------|
| 2.965 | Priority creditor's name and mailing address Vedda Joyce 24803 River Glen Drive Columbia Station, OH 44028 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$346.96 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|---------------|
| 2.966 | Priority creditor's name and mailing address VERNER PEDERSEN 1319 Blueberry Hill Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$141.91 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.967 | Priority creditor's name and mailing address VICTORIA REED 4488 W. 45th Cleveland, OH 44109 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$27.92 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.968 | Priority creditor's name and mailing address Villers Mary 2700 SERFASS RD CLINTON, OH 44216 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.969 | Priority creditor's name and mailing address VINCENT BAILEY 4766 Elizabeth Lane Brooklyn, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$40.40 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.970 | Priority creditor's name and mailing address VINCENT WALLACE 8518 E 1189th Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$445.00 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.971 | Priority creditor's name and mailing address Vinson Elizabeth 334 STORER AVE AKRON, OH 44302 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred 3/23/2019 | Basis for the claim: Eyeglass Purchase or Deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| 2.972 | Priority creditor's name and mailing address Wagner Lori 35490 Freed Drive Eastlake, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$284.81 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|--|--|-----------------|---------------|
| 2.973 | Priority creditor's name and mailing address Wagner Shirley 29982 Truman Ave Wickliffe, OH 44092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$202.23 | \$0.00 |
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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|--|--|----------------|---------------|
| 2.974 | Priority creditor's name and mailing address Waits Robert 7294 Connie Drive Mentor, OH 44060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$23.05 | \$0.00 |
|--------------|--|--|----------------|---------------|

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| Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.975 | Priority creditor's name and mailing address Wakefield Deborah 3116 Osage Way Broadview Hts., OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$272.16 | \$0.00 |
| | Date or dates debt was incurred 4/26/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.976 | Priority creditor's name and mailing address Wakefield Lloyd 3116 Osage Way Broadview Hts., OH 44147 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$363.91 | \$0.00 |
| | Date or dates debt was incurred 4/22/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.977 | Priority creditor's name and mailing address Walcott Robert 2173 West 7th Street Cleveland, OH 44113 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$275.40 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.978 | Priority creditor's name and mailing address Walker Dawn 692 Seasons Pass dr Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$221.00 | \$0.00 |
| | Date or dates debt was incurred 4/20/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.979 | Priority creditor's name and mailing address Walsh C/O Barbara Walsh Caitlin 4579 Wood St Willoughby, OH 44094 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$238.00 | \$0.00 |
| Date or dates debt was incurred 4/17/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|---------|--------|
| 2.980 | Priority creditor's name and mailing address WALTER BELL 1630 E 66 Th Street Apt. #1 Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$52.32 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.981 | Priority creditor's name and mailing address Walton, Tony 19121 Monterey Ave. Euclid, OH 44119 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,400.00 | \$1,400.00 |
| Date or dates debt was incurred May, 2019 | | Basis for the claim: Wages | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.982 | Priority creditor's name and mailing address WALTRAUD THORNE 6914 Velma Cleveland, OH 44129 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$198.52 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.983 | Priority creditor's name and mailing address Wardell Marva Po Box 603451 Cleveland, OH 44103 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$698.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.984 | Priority creditor's name and mailing address Ware Jr Jack 574 Jesse L Jackson Place Cleveland, OH 44108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$216.02 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.985 | Priority creditor's name and mailing address Warner Nicole 2799 Lakeview Ave Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$59.04 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.986 | Priority creditor's name and mailing address Warner Nicole 2799 Lakeview Ave Rocky River, OH 44116 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$94.04 | \$0.00 |
| Date or dates debt was incurred 3/18/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) _____ |
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| 2.987 | Priority creditor's name and mailing address WARREN BECKER 400 Saint Ledger Ave Akron, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$218.96 | \$0.00 |
| Date or dates debt was incurred 2018 -2019 | | Basis for the claim: Eyeglass orders or deposits | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.988 | Priority creditor's name and mailing address Watkins Jacob 2201 GOODYEAR BLVD AKRON, OH 44305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$417.01 | \$0.00 |
| Date or dates debt was incurred 4/5/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|----------------|---------------|
| 2.989 | Priority creditor's name and mailing address Watson Nautica 15316 Parkgrove Avenue Cleveland, OH 44110 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$67.70 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.990 | Priority creditor's name and mailing address weatherholt michael 26180 HILLSIDE DR. QUAKER CITY, OH 43773 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$380.00 | \$0.00 |
| Date or dates debt was incurred 4/12/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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| 2.991 | Priority creditor's name and mailing address Weaver Julia 3635 West Blvd Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$547.24 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.992 | Priority creditor's name and mailing address Weaver Julia 3635 WEST BLVD CLEVELAND, OH 44111-3857 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$547.24 | \$0.00 |
| Date or dates debt was incurred 4/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.993 | Priority creditor's name and mailing address Wells Michelle 640 Turney Rd Bedford, OH 44146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$504.52 | \$0.00 |
| Date or dates debt was incurred 4/2/2019 | | Basis for the claim: Eyeglass Purchase or Deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|---------------|
| 2.994 | Priority creditor's name and mailing address Wene Kaitlin 17617 Harvest Lane Grafton, OH 44044 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$106.92 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.995 | Priority creditor's name and mailing address Whatley Jacqueline 3079 Van Aken Blvd Shaker Hts, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$385.48 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.996 | Priority creditor's name and mailing address Whelan Kristen 7802 DEBONAIRE DR MENTOR, OH 44060-5342 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$319.00 | \$0.00 |
| | Date or dates debt was incurred 4/23/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.997 | Priority creditor's name and mailing address White Christine 7500 DUDLEY AVE CLEVELAND, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred 4/3/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|---|---------------|---------------|
| 2.998 | Priority creditor's name and mailing address White Christine 7500 DUDLEY AVE CLEVELAND, OH 44102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred 4/3/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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| 2.999 | Priority creditor's name and mailing address Wicks Estella 1865 Winderlere Cleveland, OH 44112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$388.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1000 | Priority creditor's name and mailing address WILFREDO CARABALLO 11920 Worthington Cleveland, OH 44111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$280.60 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|-----------------|---------------|
| 2.1001 | Priority creditor's name and mailing address WILLIAM BROWN 11620 Farrington Ave Garfield Heights, OH 44105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$127.44 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1002 | Priority creditor's name and mailing address WILLIAM FLETCHER 354 Troubadour Northfield, OH 44067 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.54 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.1003 | Priority creditor's name and mailing address WILLIAM HAZEL 6904 Highland Dr Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$295.92 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.1004 | Priority creditor's name and mailing address WILLIAM HUNTER 4264 Settlers Way Brunswick, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$358.68 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|-----------------|---------------|
| 2.1005 | Priority creditor's name and mailing address WILLIAM MAYER 21209 Hansen Rd Maple Heights, OH 44137 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$446.04 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.1006 | Priority creditor's name and mailing address Williams Deltonio 281 E 250th Euclid, OH 44132 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$404.48 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
| 2.1007 | Priority creditor's name and mailing address Williams Deltonio 3876 Monticello Blvd Cleveland Heights, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$404.48 | \$0.00 |
| | Date or dates debt was incurred 4/15/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.1008 | Priority creditor's name and mailing address Williams Jacqueline 19503 Cherokee Ave Cleveland, OH 44119 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$80.00 | \$0.00 |
| | Date or dates debt was incurred 3/25/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.1009 | Priority creditor's name and mailing address Williams Kaona 14303 REDDINGTON AVE MAPLE HEIGHTS, OH 44137-3211 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| <hr/> | | | | | |
| 2.1010 | Priority creditor's name and mailing address Williams Lamar 968 CHELSTON RD South Euclid, OH 44121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$462.46 | \$0.00 |
| | Date or dates debt was incurred 4/9/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) |
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| 2.1011 | Priority creditor's name and mailing address Willoughby Renee 32655 Redwood Blvd Avon Lake, OH 44012 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$151.22 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1012 | Priority creditor's name and mailing address Wills Twila 1116 Lander Rd Cleveland, OH 44124 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$149.12 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|---|-----------------|---------------|
| 2.1013 | Priority creditor's name and mailing address Wills Twila 1116 Lander Rd Mayfield Heights, OH 44124-1602 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$338.00 | \$0.00 |
| | Date or dates debt was incurred 3/23/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|-----------------|---------------|
| 2.1014 | Priority creditor's name and mailing address WILMA ZAYCHEK 2040 Broad Blvd. Cuyahoga Falls, OH 44223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$220.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|---|-----------------|---------------|
| 2.1015 | Priority creditor's name and mailing address Wilson Matthew 4706 Lincoln Ave Parma, OH 44134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$276.00 | \$0.00 |
| | Date or dates debt was incurred 4/29/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

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|--------|---|---|----------------|---------------|
| 2.1016 | Priority creditor's name and mailing address Wilson Quasheeda 15010 MADISON AVE STE 303 LAKEWOOD, OH 44107-4041 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$64.00 | \$0.00 |
| | Date or dates debt was incurred 5/1/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

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|--------|---|--|----------------|---------------|
| 2.1017 | Priority creditor's name and mailing address Wilson Susan 6545 Copley Solon, OH 44139 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$85.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

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|--------|---|---|---------------|---------------|
| 2.1018 | Priority creditor's name and mailing address Wilson-Bargar Debra 4231 DUKE CT BRUNSWICK, OH 44212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | Case number (if known) | |
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| 2.1019 | Priority creditor's name and mailing address Wingenfeld Gary 6283 Dogwood Lane North Ridgeville, OH 44039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$410.32 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|---------------|
| 2.1020 | Priority creditor's name and mailing address Wingenfeld Gary 6283 Dogwood Lane North Ridgeville, OH 44039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$230.20 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.1021 | Priority creditor's name and mailing address Winnick Demetrius 22705 Lakeshore Ave Apt 128 Euclid, OH 44123 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$186.74 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-----------------|---------------|
| 2.1022 | Priority creditor's name and mailing address Wissinger Debra 302 Longfellow St Elyria, OH 44035 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$185.05 | \$0.00 |
| Date or dates debt was incurred 2018-2019 | | Basis for the claim: Eyeglasses, deposits or orders | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. <small>Name</small> | | Case number (if known) | | |
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| 2.1023 | Priority creditor's name and mailing address Wood Christopher 2515 Edgehill Road Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$413.32 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1024 | Priority creditor's name and mailing address Yarian Timothy 5280 Hampton Dr North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$326.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|---|-----------------|---------------|
| 2.1025 | Priority creditor's name and mailing address Young Anna 1276 W 83RD ST CLEVELAND, OH 44102-1904 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$164.76 | \$0.00 |
| | Date or dates debt was incurred 5/2/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1026 | Priority creditor's name and mailing address Young Elizabeth 30879 South Ct North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$182.52 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|------------------------|--|--|
| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|--------|---|--|-----------------|---------------|
| 2.1027 | Priority creditor's name and mailing address YUE LI 2949 Van Aken Blvd #3 Cleveland, OH 44120 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$192.34 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|---|----------------|---------------|
| 2.1028 | Priority creditor's name and mailing address Yurko Sharon & John 6464 SCOTT DR BROOK PARK, OH 44142-3449 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$75.00 | \$0.00 |
| | Date or dates debt was incurred 12/27/2018 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|-----------------|---------------|
| 2.1029 | Priority creditor's name and mailing address YVONNE LEE JOHNSON 920 Vernon Odom Blvd Akron, OH 44307 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100.00 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1030 | Priority creditor's name and mailing address ZACARI LEWIS 1845 Maple Grove Drive107 Twinsburg, OH 44087 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$249.98 | \$0.00 |
| | Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | | Case number (if known) | | |
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|--------|---|--|-----------------|---------------|
| 2.1031 | Priority creditor's name and mailing address Zarife Cynthia 6646 Mackenzie Rd North Olmsted, OH 44070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$385.19 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1032 | Priority creditor's name and mailing address Zeda Adisbel 5000 Behrwald Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$207.36 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--------|---|--|-----------------|---------------|
| 2.1033 | Priority creditor's name and mailing address Zeda Adisbel 5000 Behrwald Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$178.80 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|---|--|-----------------|---------------|
| 2.1034 | Priority creditor's name and mailing address Zeda Adisbel 5000 Behrwald Cleveland, OH 44144 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$207.36 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) | |
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|--------|---|--|-----------------|---------------|
| 2.1035 | Priority creditor's name and mailing address Zenbauer Marnie 28616 Lakeshore Blvd Willowick, OH 44095 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$283.12 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|-----------------|---------------|
| 2.1036 | Priority creditor's name and mailing address Zimmerman Teresa 26400 Hendon Beachwood, OH 44122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$529.12 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|--|-----------------|---------------|
| 2.1037 | Priority creditor's name and mailing address Zimmerman Linda 1890 East 107 Cleveland, OH 44106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$225.50 | \$0.00 |
| | Date or dates debt was incurred 2018-2019 | Basis for the claim: Eyeglasses, deposits or orders | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--|---|-----------------|---------------|
| 2.1038 | Priority creditor's name and mailing address Zimmerman Linda 1890 E 107TH ST APT 1036 CLEVELAND, OH 44106-2235 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$393.00 | \$0.00 |
| | Date or dates debt was incurred 3/23/2019 | Basis for the claim: Eyeglass Purchase or Deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Union Eye Care Center, Inc. Name | Case number (if known) |
|--------|--|------------------------|

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|--------|--|--|----------------|---------------|
| 2.1039 | Priority creditor's name and mailing address ZOE EMMERT 12205 Oak Park Blvd Garfield Heights, OH 44125 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$59.84 | \$0.00 |
|--------|--|--|----------------|---------------|

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| Date or dates debt was incurred 2018 -2019 | Basis for the claim: Eyeglass orders or deposits |
|--|--|

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|---------------------------------|---|
| Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|---------------------------------|---|

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim |
|-----|---|--|-----------------|
| 3.1 | Nonpriority creditor's name and mailing address Aaron D Plasco 3590 Turnberry Ave Medina, OH 44756 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.2 | Nonpriority creditor's name and mailing address Aaron M Thompson 5077 Heather Ann Circle Stow, OH 44224 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.3 | Nonpriority creditor's name and mailing address ABC Fire Inc. 10250 Royalton Road North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$63.21 |
| 3.4 | Nonpriority creditor's name and mailing address Alan Cliffe 441 Kenwood Dr Apt T Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$515.20 |
| 3.5 | Nonpriority creditor's name and mailing address Alan J Ballas 228 Anchor Dr Sheffield Lake, OH 44054 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |

Name

| | | | |
|------|---|--|--------------------|
| 3.6 | Nonpriority creditor's name and mailing address Albert Szczepanik 294 Starlight Dr Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$37.34 |
| 3.7 | Nonpriority creditor's name and mailing address Alcon Laboratories, Inc PO Box 677775 Dallas, TX 75267775 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$29,097.42 |
| 3.8 | Nonpriority creditor's name and mailing address Alison Floyd 29470 West Woodall Rd Solon, OH 44139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.9 | Nonpriority creditor's name and mailing address Allan Hlavna 33997 Garrett Drive North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161.25 |
| 3.10 | Nonpriority creditor's name and mailing address Allan T Cratty 711 Wildwood Circle Wilmington, NC 28409 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$139.00 |
| 3.11 | Nonpriority creditor's name and mailing address Allen L Hartzell 8452 Boseck Dr #162 Las Vegas, NV 89145 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
| 3.12 | Nonpriority creditor's name and mailing address Altair PO Box 45036 San Francisco, CA 94145-0036 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$68,878.96 |

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| 3.13 | Nonpriority creditor's name and mailing address Alysius Hoenigman 11260 Morningstar court Newbury, OH 44065 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$65.00 |
| 3.14 | Nonpriority creditor's name and mailing address Amanda Ferry 1657 Blossom Park Ave Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.15 | Nonpriority creditor's name and mailing address Amcon 9735 Green Park Industrial Drive St Louis, MO 63123 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$359.35 |
| 3.16 | Nonpriority creditor's name and mailing address American Arbitration Association 950 Warren Avenue East Providence, RI 02914 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$500.00 |
| 3.17 | Nonpriority creditor's name and mailing address American Water & Energy Savers 4431 North Dixie Highway Boca Raton, FL 33431 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$69.85 |
| 3.18 | Nonpriority creditor's name and mailing address Andrea Hardesty 1767 East Hutton Road Wooster, OH 44691 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.19 | Nonpriority creditor's name and mailing address Ann Oakar 15824 Norway Ave Cleveland, OH 44111 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |

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| 3.20 | Nonpriority creditor's name and mailing address Anthony Carrubba 2917 E Sprague Road Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$130.00</u> |
| 3.21 | Nonpriority creditor's name and mailing address Anthony Garland 7330 Lancelot Dr Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$40.00</u> |
| 3.22 | Nonpriority creditor's name and mailing address Anthony Maffei 108 E Milton Street Alliance, OH 44601 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$143.00</u> |
| 3.23 | Nonpriority creditor's name and mailing address Antonio Brunello 25417 Butternut Ridge North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.24 | Nonpriority creditor's name and mailing address Arlene Dostie 4212 Yorkshire Ave Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$130.00</u> |
| 3.25 | Nonpriority creditor's name and mailing address armouRx 2-344 North Rivermede Road Concord, Ontario L4K 3N2 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$7.90</u> |
| 3.26 | Nonpriority creditor's name and mailing address Assure-Tech Pest Control 37405 Grove Ave #301 Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$159.43</u> |

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| 3.27 | Nonpriority creditor's name and mailing address Audrey L Rodriquez 2223 West 10th Street Cleveland, OH 44113 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.28 | Nonpriority creditor's name and mailing address Audrey Rhodes 887 East 139th Street Cleveland, OH 44110 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.29 | Nonpriority creditor's name and mailing address Barbara J Kaczor 13053 Pennsylvania Ave Huntley, IL 60142 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
| 3.30 | Nonpriority creditor's name and mailing address Barrington B Brown 5601 Dalewood Ave Maple Heights, OH 44137 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.00 |
| 3.31 | Nonpriority creditor's name and mailing address Barry Frey 120 West Main St Seville, OH 44273 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161.25 |
| 3.32 | Nonpriority creditor's name and mailing address Bausch & Lomb PO Box 415110 Boston, MA 02241-5110 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,380.65 |
| 3.33 | Nonpriority creditor's name and mailing address BBP Acquisition, LLC 3900 Park East Drive Suite 200 Beachwood, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$497.53 |

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| 3.34 | Nonpriority creditor's name and mailing address Beau A Kirkbridge 3707 Heatherwood Circle NW North Canton, OH 44720 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.35 | Nonpriority creditor's name and mailing address Becky Bert 26404 Kingswood Dr Olmsted Township, OH 44138 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$91.50 |
| 3.36 | Nonpriority creditor's name and mailing address Beth E Crano 631 Lincoln Ave Cuyahoga Falls, OH 44221 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.37 | Nonpriority creditor's name and mailing address Bonnell H Paskvan 8070 W Russell Road #1086 Las Vegas, NV 89113 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$164.00 |
| 3.38 | Nonpriority creditor's name and mailing address Bonnie Gozwlanzyk Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$36.31 |
| 3.39 | Nonpriority creditor's name and mailing address Bonnie Speed Delivery Inc. P.O. Box 6447 Cleveland, OH 44101 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,978.92 |
| 3.40 | Nonpriority creditor's name and mailing address Brad Bitterman 17644 Cannon Avenue Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |

Name

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| 3.41 | Nonpriority creditor's name and mailing address Bradie Williams 16516 Invermere Ave Cleveland, OH 44128 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$57.39</u> |
| 3.42 | Nonpriority creditor's name and mailing address Brandon Z Sondergeld 3672 Fordway Drive Lambertville, MI 48144 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.43 | Nonpriority creditor's name and mailing address Brecksville Opticians 7640 Chippewa Road Brecksville, OH 44141 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$95.00</u> |
| 3.44 | Nonpriority creditor's name and mailing address Brent Monnin 4634 Ruby Lane Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$160.00</u> |
| 3.45 | Nonpriority creditor's name and mailing address Brett E Colvard 2309 Keystone Road Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.46 | Nonpriority creditor's name and mailing address Brian Bowers 6074 Ashland Road Wooster, OH 44691 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$135.00</u> |
| 3.47 | Nonpriority creditor's name and mailing address Brian Cassidy 14113 Berwyn Ave Cleveland, OH 44111 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$60.00</u> |

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| 3.48 | Nonpriority creditor's name and mailing address Brian Chimera 3397 Ramsgate ST NW North Canton, OH 44720 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.49 | Nonpriority creditor's name and mailing address Brian Clymer 283 Little Creek Parkway Brooklyn Heights, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.50 | Nonpriority creditor's name and mailing address Brian Evilsizer Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$37.50</u> |
| 3.51 | Nonpriority creditor's name and mailing address Brian V Bowe 4192 Forestridge Dr Richfiel, OH 44286 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$70.00</u> |
| 3.52 | Nonpriority creditor's name and mailing address Briot 224 James Street Bensenville, IL 60106 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$462.71</u> |
| 3.53 | Nonpriority creditor's name and mailing address Bruce Bishilany 3891 Woodside Drive North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.54 | Nonpriority creditor's name and mailing address Bryan Panteck 20472 Donegal Lane Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$190.00</u> |

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| 3.55 | Nonpriority creditor's name and mailing address Builders Exchange Benefits 1813 N Franklin Street Suite 200 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$703.33 |
| 3.56 | Nonpriority creditor's name and mailing address Cadillac Eyewear 7100 Airport Highway Pennsauken, NJ 08109 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$37.25 |
| 3.57 | Nonpriority creditor's name and mailing address Calvin W Overmyer 35155 Dixon Road Willoughby Hills, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.58 | Nonpriority creditor's name and mailing address Cameron MacDonald 3915 Tuxedo Ave Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105.00 |
| 3.59 | Nonpriority creditor's name and mailing address Capri Optics 1421 38th Street Brooklyn, NY 11218 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,068.64 |
| 3.60 | Nonpriority creditor's name and mailing address Carl J Munnings 17126 Terraverde Circle #1 Fort Myers, FL 33908 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$231.00 |
| 3.61 | Nonpriority creditor's name and mailing address Carlo A Matos 3917 Courtyard Dr Lorain, OH 44053 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$265.00 |

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| 3.62 | Nonpriority creditor's name and mailing address Carol Vartorella 435 Nature Haven Blvd. Kewaskum, WI 53040 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.63 | Nonpriority creditor's name and mailing address Carolyn Norris 180 Sandover Drive Aurora, OH 44202 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.64 | Nonpriority creditor's name and mailing address Cassandra R Jackson 4960 East 110th Street Gargield Heights, OH 44125 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.65 | Nonpriority creditor's name and mailing address Catherine Albers 3384 Meadowbrook Cleveland Heights, OH 44118 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$120.00</u> |
| 3.66 | Nonpriority creditor's name and mailing address CC Systems 13135 66th Street Largo, FL 33773 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,464.00</u> |
| 3.67 | Nonpriority creditor's name and mailing address Central Collection Agency PO Box 94723 Cleveland, OH 44101-4723 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$24.02</u> |
| 3.68 | Nonpriority creditor's name and mailing address Central Property LLC 2490 Lee Blvd Suite 230 Cleveland Hts, OH 44118 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,468.88</u> |

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| 3.69 | Nonpriority creditor's name and mailing address Central Window Cleaning PO Box 347154 Cleveland, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$255.96 |
| 3.70 | Nonpriority creditor's name and mailing address Chad W.D. Wright Sr 261 First St PO Box 32 West Farmington, OH 44491 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.71 | Nonpriority creditor's name and mailing address Chalana Gilliam 20240 Kathy Drive Euclid, OH 44117 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9.40 |
| 3.72 | Nonpriority creditor's name and mailing address Charles G Massarolo II 11850 South Lane Dr #5 Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$64.50 |
| 3.73 | Nonpriority creditor's name and mailing address Charles Grace Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$66.66 |
| 3.74 | Nonpriority creditor's name and mailing address Charles J Fioritto 610 Lipke Court Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$72.00 |
| 3.75 | Nonpriority creditor's name and mailing address Charles P Kane 18941 Rivers Edge Drive Bainbridge, OH 44023 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |

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| 3.76 | Nonpriority creditor's name and mailing address Charles Potenga 3232 Dales Court North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$179.99 |
| 3.77 | Nonpriority creditor's name and mailing address Charles Shoda 1814 Walking Path Ave Henderson, NV 89012 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$134.99 |
| 3.78 | Nonpriority creditor's name and mailing address Charlotte Morris 5254 Forest Ave Maple Hts, OH 44137 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.00 |
| 3.79 | Nonpriority creditor's name and mailing address Chase Visa Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,800.00 |
| 3.80 | Nonpriority creditor's name and mailing address Chaundie Easterbrook 26621 Butternut Ridge Road North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$140.00 |
| 3.81 | Nonpriority creditor's name and mailing address Chelsey L. Clemans, O.D. 227 Sieberling Dr Sagamore Hills, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$267.00 |
| 3.82 | Nonpriority creditor's name and mailing address Cheryl M Panteck 13160 Chase Moor Drive Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |

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| 3.83 | Nonpriority creditor's name and mailing address Cheryl Sunyak 15627 Fernway Ave Cleveland, OH 44111 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.84 | Nonpriority creditor's name and mailing address Chester A Warren 1892 Nichols Road Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.85 | Nonpriority creditor's name and mailing address Chris Houdek 4637 Forest Grove Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.86 | Nonpriority creditor's name and mailing address Chris Weber 720 Maplewood Ave Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.87 | Nonpriority creditor's name and mailing address Chris Winkelman 2287 Loyola Road University Height, OH 44118 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$170.95 |
| 3.88 | Nonpriority creditor's name and mailing address Christian R Falcetti 1580 Prospect St Apt F5 Elyria, OH 44035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.89 | Nonpriority creditor's name and mailing address Christie Cunningham 415 Palomino Trail Aurora, OH 44202 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |

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| 3.90 | Nonpriority creditor's name and mailing address Christine L Pinsker 5048 E 88th St Garfield Hts, OH 44125 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.91 | Nonpriority creditor's name and mailing address Christine M Julian 5348 Richards Drive Mentor, OH 44060 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$140.00 |
| 3.92 | Nonpriority creditor's name and mailing address Christopher G Caleris 685 Seasons Pass Dr Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200.00 |
| 3.93 | Nonpriority creditor's name and mailing address Christopher Houdek 4637 Forest Grove Dr Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$330.00 |
| 3.94 | Nonpriority creditor's name and mailing address Christopher R O'Donnell 5680 Highwood Court Hudson, OH 44236 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.95 | Nonpriority creditor's name and mailing address Christopher Russ 2980 Legend Lane Willoughby Hills, OH Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.96 | Nonpriority creditor's name and mailing address Cindie Carroll-Pankhurst 1541 Maple Road Cleveland Hts, OH 44121 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |

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| 3.97 | Nonpriority creditor's name and mailing address City of Cleveland Division of Water 1201 Lakeside Avenue Cleveland, OH 44114 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,146.81 |
| 3.98 | Nonpriority creditor's name and mailing address Ciuni & Panichi 2501 Chagrin Boulevard Cleveland, OH 44122-5683 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,450.00 |
| 3.99 | Nonpriority creditor's name and mailing address Clara M Newson Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$59.00 |
| 3.100 | Nonpriority creditor's name and mailing address ClearVision Optical Company 425 Rabro Drive Suite #2 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$837.50 |
| 3.101 | Nonpriority creditor's name and mailing address Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.102 | Nonpriority creditor's name and mailing address Cleveland Clinic Foundation P.O. Box 92983 Cleveland, OH 44194-2983 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,310.33 |
| 3.103 | Nonpriority creditor's name and mailing address Cleveland Clinic Parking Services Attn: Anita Allen 9500 Euclid Ave JNb-230 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$157.00 |

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| 3.104 | Nonpriority creditor's name and mailing address Cleveland Police Patrolmen's Association 1303 West 58th Street Cleveland, OH 44102 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |
| 3.105 | Nonpriority creditor's name and mailing address Cleveland Port Council Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$360.00 |
| 3.106 | Nonpriority creditor's name and mailing address Clifford E Pinkney 17164 Penny Pines Circle Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.00 |
| 3.107 | Nonpriority creditor's name and mailing address Clintonette Ingram 1529 E 248th Street Euclid, OH 44117 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.108 | Nonpriority creditor's name and mailing address Coburn Technologies Inc. PO Box 842839 Boston, MA 02284-2839 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$74.85 |
| 3.109 | Nonpriority creditor's name and mailing address Colette Johnson 5264 W 46th Street Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.110 | Nonpriority creditor's name and mailing address CompManagement PO Box 89456 Cleveland, OH 44101-6456 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$530.00 |

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| 3.111 | Nonpriority creditor's name and mailing address Connie Kopec 7055 Carriage Hill Drive Brecksville, OH 44141 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.00 |
| 3.112 | Nonpriority creditor's name and mailing address Connie Voigt 6462 State Road #6 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.113 | Nonpriority creditor's name and mailing address Constance Fait Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.114 | Nonpriority creditor's name and mailing address CooperVision PO Box 145409 Cincinnati, OH 45250-5409 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,679.30 |
| 3.115 | Nonpriority creditor's name and mailing address Creative Office Products Corp. Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.76 |
| 3.116 | Nonpriority creditor's name and mailing address Cynthia Bier 2419 Queenston Road Cleveland Hts, OH 44118 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$160.00 |
| 3.117 | Nonpriority creditor's name and mailing address DAC Vision Inc. PO Box 840406 Dallas, TX 75284-0406 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$930.87 |

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| 3.118 | Nonpriority creditor's name and mailing address Dale A Miller 19750 Ridgeland Ave Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.119 | Nonpriority creditor's name and mailing address Dale Gross 11803 West 130th street North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$30.00</u> |
| 3.120 | Nonpriority creditor's name and mailing address Dale Montgomery 4353 Montgomery Place Brooklyn, OH 44144 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$206.68</u> |
| 3.121 | Nonpriority creditor's name and mailing address Dale Wilson 1129 Trout Dr Mansfield, OH 44903 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$215.00</u> |
| 3.122 | Nonpriority creditor's name and mailing address Dallis Services P.O. Box 41008 Brecksville, OH 44141 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$881.14</u> |
| 3.123 | Nonpriority creditor's name and mailing address Dana Carter 12601 Benham Ave Cleveland, OH 44105 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.124 | Nonpriority creditor's name and mailing address Daniel Branchick 23074 Virginia Avenue North Olmsted, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |

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| 3.125 | Nonpriority creditor's name and mailing address Daniel Darrow 5348 Galley Way Fort Pierce, FL 34949 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.126 | Nonpriority creditor's name and mailing address Daniel English Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.127 | Nonpriority creditor's name and mailing address Daniel J Hastings 7462 Shady Hollow Road NW Canton, OH 44718 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.128 | Nonpriority creditor's name and mailing address Daniel J Paumier 6763 Canter Hill Circle North Canton, OH 44721 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.129 | Nonpriority creditor's name and mailing address Daniel P Cherney 2525 Vermilion Road Vermilion, OH 44089 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$130.00 |
| 3.130 | Nonpriority creditor's name and mailing address Dante Raffin 8086 Twin Oaks Broadview Heights, OH 44147 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.00 |
| 3.131 | Nonpriority creditor's name and mailing address Darlene Rohrer Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$222.00 |

3.132 Nonpriority creditor's name and mailing address **DataHealth**
855 Central Avenue
Suite 301
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$210.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.133 Nonpriority creditor's name and mailing address **Dave Mackeigan**
225 Vineyard Road
Avon Lake, OH 44012
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$36.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.134 Nonpriority creditor's name and mailing address **David Bania**
8884 Edgerton Road
North Royalton, OH 44133
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$75.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.135 Nonpriority creditor's name and mailing address **David D Huspaska**
544 Marsh Way
Brunswick, OH 44212
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$106.50**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.136 Nonpriority creditor's name and mailing address **David Fisher**
5701 Overlook Way
North Ridgeville, OH 44039
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$270.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.137 Nonpriority creditor's name and mailing address **David Gustely**
11479 Ravenna Road
Twinsburg, OH 44087
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$125.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.138 Nonpriority creditor's name and mailing address **David J Menke**
3610 Northcliffe Road
University Hts, OH 44118
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$75.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

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| 3.139 | Nonpriority creditor's name and mailing address David Latsko 7541 Vista Dr Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.140 | Nonpriority creditor's name and mailing address David Levine 4011 Secor Road Toledo, OH 43623 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$221.95 |
| 3.141 | Nonpriority creditor's name and mailing address David M Yannuzzo 4374 Johnson Road Norton, OH 44203 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$284.95 |
| 3.142 | Nonpriority creditor's name and mailing address David Matia 2274 Demington Drive Cleveland Heights, OH 44106 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.143 | Nonpriority creditor's name and mailing address David Schlaufman 946 Township Road 150 Nova, OH 44859 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$133.00 |
| 3.144 | Nonpriority creditor's name and mailing address David Stein 32988 Fern Tree Lane North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$91.50 |
| 3.145 | Nonpriority creditor's name and mailing address David Zeck 6602 Hampstead Ave. Parma, OH 44129 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.00 |

Name

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| 3.146 | Nonpriority creditor's name and mailing address Davis Vision PO Box 848393 Dallas, TX 75284-8393 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,395.00</u> |
| 3.147 | Nonpriority creditor's name and mailing address Dawn R Bottiggi 6574 Cypress Dr North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$280.00</u> |
| 3.148 | Nonpriority creditor's name and mailing address Dawn Velazquez Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$190.00</u> |
| 3.149 | Nonpriority creditor's name and mailing address Dean Shepherd 136 Nottingham Drive E St John, FL 32259 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$255.00</u> |
| 3.150 | Nonpriority creditor's name and mailing address Debbie Murphy 1636 Elberon Ave East Cleveland, OH 44112 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$90.00</u> |
| 3.151 | Nonpriority creditor's name and mailing address Deborah Hamel 9283 Avon Belden Road North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$264.00</u> |
| 3.152 | Nonpriority creditor's name and mailing address Debra Farmer 216 E Ridgewood Dr Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$160.00</u> |

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| 3.153 | Nonpriority creditor's name and mailing address Debra Sabato 1399 lander rd mayfield hts, OH 44124 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.154 | Nonpriority creditor's name and mailing address Denise Kinkopf 32910 Boulder Dr North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.155 | Nonpriority creditor's name and mailing address Denise M Snyder Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$827.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.156 | Nonpriority creditor's name and mailing address Dennis J Ginley 3850 Long Road Avon, OH 44011 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.157 | Nonpriority creditor's name and mailing address Dennis Mirosovich 26923 Oxford Park Lane Olmsted Falls, OH 44138 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.158 | Nonpriority creditor's name and mailing address Dennis P Carlin 15874 Hickox Blvd Middleburg Hts, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.159 | Nonpriority creditor's name and mailing address Dennis Preisel 17818 Drake Road Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$160.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Name

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| 3.160 | Nonpriority creditor's name and mailing address Devan Capella 19239 Knowlton Parkway Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.00 |
| 3.161 | Nonpriority creditor's name and mailing address Dineen Terstage 24330 Elm Rd North Olmsted, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$160.00 |
| 3.162 | Nonpriority creditor's name and mailing address Dino Ferrante 7169 Enfield Dr Mentor, OH 44060 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$165.00 |
| 3.163 | Nonpriority creditor's name and mailing address Diocesan Publication Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$790.00 |
| 3.164 | Nonpriority creditor's name and mailing address Distillata PO Box 93845 Cleveland, OH 44101-5845 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24.50 |
| 3.165 | Nonpriority creditor's name and mailing address Diversified Air Systems Inc 4760 Van Epps Road Brooklyn Hts, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,240.88 |
| 3.166 | Nonpriority creditor's name and mailing address Diversified Ophthalmics, Inc PO Box 504546 ST Louis, MO 63150-0001 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$467.90 |

Name

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| 3.167 | Nonpriority creditor's name and mailing address Dominion East Ohio Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$93.00</u> |
| 3.168 | Nonpriority creditor's name and mailing address Donald Boslett 10721 Crestwood Dr Kirtland, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$97.50</u> |
| 3.169 | Nonpriority creditor's name and mailing address Donald Dewille 6388 Westminster Drive Parma, OH 44129 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$117.00</u> |
| 3.170 | Nonpriority creditor's name and mailing address Donald J Motz 186 Fixler Road Wadsworth, OH 44281 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$150.00</u> |
| 3.171 | Nonpriority creditor's name and mailing address Donald R Burnside 10335 Tully Ave NW North Canton, OH 44720 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.172 | Nonpriority creditor's name and mailing address Donna Fair 36633 Westfield Drive North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.173 | Nonpriority creditor's name and mailing address Donna L Hicks 13917 State Route 113 Wakeman, OH 44889 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$45.00</u> |

3.174 Nonpriority creditor's name and mailing address **DorisStwan**
357 Essex Road
Vermilion, OH 44089
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$175.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.175 Nonpriority creditor's name and mailing address **Doug Masterson**
1131 By The Shore
Huron, OH 44839
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$130.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.176 Nonpriority creditor's name and mailing address **Douglas Callahan**
8395 Cherry Hill Lane
Broadview Heights, OH 44147
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.177 Nonpriority creditor's name and mailing address **Dyan Morgan**
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$276.08**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.178 Nonpriority creditor's name and mailing address **E-Z Pack**
6545 Wiehe Road
Cincinnati, OH 45237
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$181.59**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.179 Nonpriority creditor's name and mailing address **Earl Brass**
14894 Greystone Dr
Brook Park, OH 44142
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.180 Nonpriority creditor's name and mailing address **Earl Roach**
901 Cloverdale
Medina, OH 44256
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

Name

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| 3.181 | Nonpriority creditor's name and mailing address Edith L Gaffney 675 E 125th Street Cleveland, OH 44108 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.182 | Nonpriority creditor's name and mailing address Edward C Neumann 6289 Schaaf Drive Brookpark, OH 44142 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$142.50 |
| 3.183 | Nonpriority creditor's name and mailing address Edward Davis Sr 1475 Sandy Lane Mansfield, OH 44903 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.184 | Nonpriority creditor's name and mailing address Edward Huntington 414 Mae Drive Kerrville, TX 78028 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$190.00 |
| 3.185 | Nonpriority creditor's name and mailing address Edward P Devine 369 Foxrun Trail Aurora, OH 44202 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$98.00 |
| 3.186 | Nonpriority creditor's name and mailing address Eileen Zakareckis 14603 Terminal Ave Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |
| 3.187 | Nonpriority creditor's name and mailing address Elie Karim 3470 Old Weymouth Road Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$280.00 |

Name

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| 3.188 | Nonpriority creditor's name and mailing address Ellen Cleary 1667 E 40th st apt 2E Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$20.00</u> |
| 3.189 | Nonpriority creditor's name and mailing address Elsa Popchak 6866 Revere Road Parma Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.190 | Nonpriority creditor's name and mailing address Emil Basista 16510 Webster Road Middleburg Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.191 | Nonpriority creditor's name and mailing address Emina Paunesru Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.192 | Nonpriority creditor's name and mailing address Eric Briguglio 5613 Madrid Dr Apt A Youngstown, OH 44515 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.193 | Nonpriority creditor's name and mailing address Eric D King 746 Treat Blvd Tallmadge, OH 44278 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.194 | Nonpriority creditor's name and mailing address Erica Quallich 5809 Williston Dr Parma, OH 44129 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$265.00</u> |

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| 3.195 | Nonpriority creditor's name and mailing address Ermin Melle 23841 Greenwood Road Euclid, OH 44117 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.00 |
| 3.196 | Nonpriority creditor's name and mailing address Europa International 255 Corporate Woods Parkway Vernon Hills, IL 60061 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$448.68 |
| 3.197 | Nonpriority creditor's name and mailing address Evangelina Orozco 10914 Governor Ave Cleveland, OH 44111 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.198 | Nonpriority creditor's name and mailing address Express Employment Professionals PO Box 535434 Atlanta, GA 30353-5434 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$564.96 |
| 3.199 | Nonpriority creditor's name and mailing address Eyefinity P.O. Box 742608 Los Angeles, Ca Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,605.92 |
| 3.200 | Nonpriority creditor's name and mailing address Eyewear By ROI 2235 West Parkside Lane Phoenix, AZ 85027 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,753.18 |
| 3.201 | Nonpriority creditor's name and mailing address Faulkner, Hoffman & Phillips, LLC 20445 Emerald Parkway Dr Suite 210 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,635.40 |

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| 3.202 | Nonpriority creditor's name and mailing address Five Star Fire Protection Services Inc. PO Box 436 Chardon, OH 44024 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$187.99 |
| 3.203 | Nonpriority creditor's name and mailing address Francis H Divis 1190 SW Fox Den Way Palm City, FL 34990 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.204 | Nonpriority creditor's name and mailing address Francis J Swartz 59 West Main St Norwalk, OH 44857 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.00 |
| 3.205 | Nonpriority creditor's name and mailing address Frank Dallas 2690 Superior Dr Uniontown, OH 44685 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.206 | Nonpriority creditor's name and mailing address Frank Hale 415 Beeler Drive Berea, OH 44017 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$108.17 |
| 3.207 | Nonpriority creditor's name and mailing address Frank M Palumbo Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$210.00 |
| 3.208 | Nonpriority creditor's name and mailing address Frank McHale III 15156 Hill Drive Russell, OH 44072 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$60.00 |

Name

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| 3.209 | Nonpriority creditor's name and mailing address Frank W Gerace 22597 Melissa Lane Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$112.50 |
| 3.210 | Nonpriority creditor's name and mailing address Fred's Home Services Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |
| 3.211 | Nonpriority creditor's name and mailing address Freddie Ballard 222 Brunswick Dr Apt C Elyria, OH 44035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.212 | Nonpriority creditor's name and mailing address Gail McClendon 9429 Peck Road Mantua, OH 44255 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.213 | Nonpriority creditor's name and mailing address Gary Long 2437 Mifflin Ave Ashland, OH 44805 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.214 | Nonpriority creditor's name and mailing address Gary M Williams 36862 Lakeshore Blvd Eastlake, OH 44095 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.215 | Nonpriority creditor's name and mailing address Gary Panteck 13160 Chasmoor Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |

Name

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| 3.216 | Nonpriority creditor's name and mailing address Gary R Johns PO Box 192 Marshallville, OH 44645 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$183.40</u> |
| 3.217 | Nonpriority creditor's name and mailing address George Buchanan 14200 Shaker Blvd Shaker, OH 44120 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$95.00</u> |
| 3.218 | Nonpriority creditor's name and mailing address George Powell 4577 Heather Hills Rd Akron, OH 44333 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.219 | Nonpriority creditor's name and mailing address Gerald M Lepre 7201 Parma Park Blvd Parma, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$30.00</u> |
| 3.220 | Nonpriority creditor's name and mailing address Gidian Smith 11219 Woodrun Dr Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$112.50</u> |
| 3.221 | Nonpriority creditor's name and mailing address Gillmore Security 26165 Broadway Ave Cleveland, OH 44146-6512 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,933.52</u> |
| 3.222 | Nonpriority creditor's name and mailing address Gino Periandri 12009 Kirton Ave Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |

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| 3.223 | Nonpriority creditor's name and mailing address Greg A Verbickey 7057 Warrington Drive North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$112.50 |
| 3.224 | Nonpriority creditor's name and mailing address Greg Kaczmariski 8570 Evergreen Trail #102 Olmsted Falls, OH 44138 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$130.00 |
| 3.225 | Nonpriority creditor's name and mailing address Gregory Eckhart 2216 Palm Road Suffield, OH 44260 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$240.00 |
| 3.226 | Nonpriority creditor's name and mailing address Gregory H Schalk 12200 Lyndway Dr Valley View, OH 44125 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$250.00 |
| 3.227 | Nonpriority creditor's name and mailing address Gregory Holtz 8598 Whipporwill Road Ravenna, OH 44266 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.228 | Nonpriority creditor's name and mailing address Gregory K Crean 1043 Guilford Blvd Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$210.00 |
| 3.229 | Nonpriority creditor's name and mailing address Gregory L Koterba 11510 Frostwood Dr Chagrin Falls, OH 44023 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |

Name

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| 3.230 | Nonpriority creditor's name and mailing address H L. Lewis Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.231 | Nonpriority creditor's name and mailing address Hari R Ender 17602 Sedalia Ave Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.232 | Nonpriority creditor's name and mailing address Harmon Miller 3573 Amelia Ave The Villages, FL 352205 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |
| 3.233 | Nonpriority creditor's name and mailing address Harry G Hatten 4429 Co Road 36 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$133.00 |
| 3.234 | Nonpriority creditor's name and mailing address Harry M Tulk 240 Stanford Ave Elyria, OH 44035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.235 | Nonpriority creditor's name and mailing address Helen Golubski 2218 Wyoming Ave Billings, MT 59102 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.236 | Nonpriority creditor's name and mailing address Helen Hoyle 5932 Stumph Road Parma, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |

Name

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| 3.237 | Nonpriority creditor's name and mailing address Hi-Look Inc 3738 Harrison Street Ste 14 Riverside, CA 92503 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$137.09 |
| 3.238 | Nonpriority creditor's name and mailing address Holly Stieglmeyer 3217 Somia Drive Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |
| 3.239 | Nonpriority creditor's name and mailing address Honeywell Safety Products USA, Inc. PO Box 3916 Boston, MA 02241-3916 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,362.74 |
| 3.240 | Nonpriority creditor's name and mailing address Hoya Vision Care PO BOX 122454 Dallas, TX 75312-2454 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$88,516.86 |
| 3.241 | Nonpriority creditor's name and mailing address Hugh Blocksidge 21237 Beachwood Drive Cleveland, OH 44116 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.242 | Nonpriority creditor's name and mailing address Iftikhar Hussain 1857 Holdens Arbor Run Westlake, OH 44145 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.243 | Nonpriority creditor's name and mailing address Insight Global Finance 21146 Network Place Chicago, IL 60673-1211 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$59.58 |

3.244 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$818,000.00**
Internt'l Assoc. of Machinists and
Aerospace Workers
2625 Winchester Pike
Columbus, OH 43232
 Date(s) debt was incurred 2019
 Last 4 digits of account number _____
☐ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: Possible withdrawal liability
 Is the claim subject to offset? ☒ No ☐ Yes

3.245 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$75.00**
Jack McDonald
3394 Wooster Road
Rocky River, OH 44116
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.246 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$30.00**
Jack R Gannon
22173 Meadowsnorth Court
Strongsville, OH 44149
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.247 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$75.00**
Jackie O Smith
202 Nautical Way
Fairport Harbor, OH 44077
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.248 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$30.00**
Jaclyn Payto
11510 Parkview Drive
Brecksville, OH 44141
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.249 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$75.00**
Jacquelon Ward
30207 AppleWood
Bay Village, OH 44140
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.250 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$25.00**
Jacquelynn Costa
1984 Canterbury Road
Westlake, OH 44145
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

Name

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| 3.251 | Nonpriority creditor's name and mailing address James A Chandler 3492 Brunswick Lake Parkway Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$30.00</u> |
| 3.252 | Nonpriority creditor's name and mailing address James A Farone 7111 Shadow Crest Dr Las Vegas, NV 89119 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$30.00</u> |
| 3.253 | Nonpriority creditor's name and mailing address James D Cosner 621 Inverlane Dr Northfield, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.254 | Nonpriority creditor's name and mailing address James Ferris 7345 Honey Dale Drive Northfield Center, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$585.00</u> |
| 3.255 | Nonpriority creditor's name and mailing address James G Meeks 243 Syracuse Court Elyria, OH 44035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.256 | Nonpriority creditor's name and mailing address James Habart 17289 Greenbrier Dr Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.257 | Nonpriority creditor's name and mailing address James Hickok 1444 Pin Oak Dr Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |

Name

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| 3.258 | Nonpriority creditor's name and mailing address James Kania 1135 N Carpenter Road Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.259 | Nonpriority creditor's name and mailing address James Kennedy Sr 14685 Ali Ave Middleburg Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$210.00 |
| 3.260 | Nonpriority creditor's name and mailing address James Kenney 8386 Shorthorn Drive Sagamore Hills, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.261 | Nonpriority creditor's name and mailing address James Krebs 10420 Meadowhurst Lane Chardon, OH 44024 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161.25 |
| 3.262 | Nonpriority creditor's name and mailing address James M Kitko 2425 East Geddes Place Centennial, CO 80122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$109.99 |
| 3.263 | Nonpriority creditor's name and mailing address James Orlando 6745 Old Royalton Road Brecksville, OH 44141 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.264 | Nonpriority creditor's name and mailing address James P Basilion 20749 University Blvd Shaker Heights, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$235.00 |

Name

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| 3.265 | Nonpriority creditor's name and mailing address James R Hux 6470 Fairfax Dr Mentor, OH 44060 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$67.50 |
| 3.266 | Nonpriority creditor's name and mailing address James R Skidmore 817 Damon Dr Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$148.74 |
| 3.267 | Nonpriority creditor's name and mailing address James Traner 10812 Watercress Road Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.268 | Nonpriority creditor's name and mailing address Janice Leone 4597 W 146th Street Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$93.00 |
| 3.269 | Nonpriority creditor's name and mailing address janine E Daum 4435 Lincoln Ave Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.270 | Nonpriority creditor's name and mailing address Jason J Culek 1111 Orchardview Road Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.271 | Nonpriority creditor's name and mailing address Jason Podojil 9237 Lakeview Dr Olmsted Falls, OH 44138 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$49.99 |

3.272 Nonpriority creditor's name and mailing address **Jeanette Byrd**
708 North Street
Brooklyn Hts, OH 44131
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$40.52**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.273 Nonpriority creditor's name and mailing address **Jeffrey Boone**
619 Dorothy Dr
Brunswick, OH 44212
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.274 Nonpriority creditor's name and mailing address **Jeffrey Ehrbar**
3874 Tyndall Road
University Heights, OH 44118
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.275 Nonpriority creditor's name and mailing address **Jeffrey Mitchell**
1183 Monroe Dr
Brunswick, OH 44212
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.276 Nonpriority creditor's name and mailing address **Jeffrey S Bamcach**
1032 Firth Street
Sandusky, OH 44870
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.277 Nonpriority creditor's name and mailing address **Jelena Hinic**

 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$207.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.278 Nonpriority creditor's name and mailing address **Jennifer Fortney**

 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$54.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

Name

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|-------|--|--|-----------------|
| 3.279 | Nonpriority creditor's name and mailing address Jennifer K Brooks Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.280 | Nonpriority creditor's name and mailing address Jennifer L Fleischer 1571 Marlowe Ave Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$120.00</u> |
| 3.281 | Nonpriority creditor's name and mailing address Jennifer Simmons 1030 Argonne Road South Euclid, OH 44121 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.282 | Nonpriority creditor's name and mailing address Jerome Silverman 208 Hemlock Court #205 Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.283 | Nonpriority creditor's name and mailing address Jerry T Alex 9692 Forge Dr Brecksville, OH 44141 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$105.00</u> |
| 3.284 | Nonpriority creditor's name and mailing address Jodene Velazquez 1872 Wooster Road Rocky River, OH 44116 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$10.00</u> |
| 3.285 | Nonpriority creditor's name and mailing address John Bowers 726 Bay Tree Court Naples, FL 34108 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |

Name

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|-------|--|--|-----------------|
| 3.286 | Nonpriority creditor's name and mailing address John Cooney 4278 Wooster Road FairView Park, OH 44126 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.287 | Nonpriority creditor's name and mailing address John DiGiacomo 2489 Greenview Dr Uniontown, OH 44685 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.64 |
| 3.288 | Nonpriority creditor's name and mailing address John Drehs 7320 Gullford Road Seville, OH 44273 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$300.00 |
| 3.289 | Nonpriority creditor's name and mailing address John Fronczyk 7452 Foghorn Lane Northfield, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$97.36 |
| 3.290 | Nonpriority creditor's name and mailing address John J Sears 145 Hamilton Street Elyria, OH 44035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$112.00 |
| 3.291 | Nonpriority creditor's name and mailing address John M Asente 2658 Overbrook Road Cuyahoga Falls, OH 44221 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.292 | Nonpriority creditor's name and mailing address John M Kulon 3009 Hillier Road Norton, OH 44203 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |

Name

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|-------|---|--|-----------------|
| 3.293 | Nonpriority creditor's name and mailing address John Mccourt 25125 Deerfield Drive North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$82.50 |
| 3.294 | Nonpriority creditor's name and mailing address John P Margevicius 6167 Highland Road Highland Hts, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$108.74 |
| 3.295 | Nonpriority creditor's name and mailing address John Paul Terranova 14620 Bayes Ave Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.296 | Nonpriority creditor's name and mailing address John R Myers 166 Hermann St Barberton, OH 44203 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35.00 |
| 3.297 | Nonpriority creditor's name and mailing address John Smeltz 16 Elizabeth Street Ellicottville, NY 14731 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.298 | Nonpriority creditor's name and mailing address John Stanard 922 Pinewood View Sagamore Hills, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.299 | Nonpriority creditor's name and mailing address John Sutherland 6971 Brookford Ave Waynesburg, OH 44688 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.00 |

Name

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| 3.300 | Nonpriority creditor's name and mailing address John Wey 27349 Cook Road Olmsted Township, OH 44138 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.301 | Nonpriority creditor's name and mailing address Jonathan Stamler 19401 S Park Blvd Shaker heights, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105.00 |
| 3.302 | Nonpriority creditor's name and mailing address Jontony J Raymond 38454 Foxglen Ave Avon, OH 44011 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.303 | Nonpriority creditor's name and mailing address Joris Lambrecht 7047 7 hills Blvd Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.00 |
| 3.304 | Nonpriority creditor's name and mailing address Joseph A Felo 5165 Dickens Drive Richmond Heights, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.305 | Nonpriority creditor's name and mailing address Joseph A Scafidi 1904 Woods Dr Streetsboro, OH 44241 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |
| 3.306 | Nonpriority creditor's name and mailing address Joseph C Young 27099 Schady Road Olmsted Township, OH 44138 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |

3.307 Nonpriority creditor's name and mailing address **Joseph D Tvorik** **As of the petition filing date, the claim is:** *Check all that apply.* **\$32.16**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.308 Nonpriority creditor's name and mailing address **Joseph Lohr** **As of the petition filing date, the claim is:** *Check all that apply.* **\$80.00**
432 Knollwood Ave
Tallmadge, OH 44278
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.309 Nonpriority creditor's name and mailing address **Joseph M Rolinc Jr** **As of the petition filing date, the claim is:** *Check all that apply.* **\$195.38**
9509 Spencer Road
Homerville, OH 44235
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.310 Nonpriority creditor's name and mailing address **Joseph N Reinart** **As of the petition filing date, the claim is:** *Check all that apply.* **\$80.00**
3702 Case Road
Avon, OH 44011
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.311 Nonpriority creditor's name and mailing address **Joseph Olah** **As of the petition filing date, the claim is:** *Check all that apply.* **\$100.00**
27587 Edgepark Blvd
North Olmsted, OH 44070
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.312 Nonpriority creditor's name and mailing address **Joseph Zazo** **As of the petition filing date, the claim is:** *Check all that apply.* **\$20.00**
341 Oxford Ave
Akron, OH 44310
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.313 Nonpriority creditor's name and mailing address **Joshua D O'Rourke** **As of the petition filing date, the claim is:** *Check all that apply.* **\$30.00**
15000 Wolfe Bennett Road
Nelsonville, OH 45764
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

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| 3.314 | Nonpriority creditor's name and mailing address Jowharah Price 1156 Erieview Road Cleveland Hts, OH 44121 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.315 | Nonpriority creditor's name and mailing address Joyce Ellenberger 15835 Cowley Road Grafton, OH 44044 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.316 | Nonpriority creditor's name and mailing address Juanita Blevins PO Box 56 Proctorville, OH 45669 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.317 | Nonpriority creditor's name and mailing address Judith A Blackwell 5584 Mckenzie Road North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.318 | Nonpriority creditor's name and mailing address Judith Headland 14513 Western Reserve Road Salem, OH 44460 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.319 | Nonpriority creditor's name and mailing address Judy Johnson 412 US Grant LaGrange, OH 44129 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$440.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.320 | Nonpriority creditor's name and mailing address Juliana M Carvalho 5892 Kentview Ave NW North Canton, OH 44720 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

3.321 Nonpriority creditor's name and mailing address **Julie Hayest** As of the petition filing date, the claim is: *Check all that apply.* **\$204.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.322 Nonpriority creditor's name and mailing address **Julie Menzer** As of the petition filing date, the claim is: *Check all that apply.* **\$210.00**
32291 Country Club Drive
Avon Lake, OH 44012
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.323 Nonpriority creditor's name and mailing address **Julie Patten OD** As of the petition filing date, the claim is: *Check all that apply.* **\$285.00**
7640 Chippewa Road
Brecksville, OH 44141
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.324 Nonpriority creditor's name and mailing address **June Germ** As of the petition filing date, the claim is: *Check all that apply.* **\$200.00**
4986 Porter Road
North Olmsted, OH 44070
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.325 Nonpriority creditor's name and mailing address **Kaitlyn Shamblin** As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
4600 Wiltshire Road
North Royalton, OH 44133
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.326 Nonpriority creditor's name and mailing address **Kara Habert** As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
9215 Usher Road
Olmsted Twp, OH 44138
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.327 Nonpriority creditor's name and mailing address **Kathleen Augustine** As of the petition filing date, the claim is: *Check all that apply.* **\$75.00**
1918 Cook Ave
Cleveland, OH 44109
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

Name

| | | | |
|-------|--|--|-----------------|
| 3.328 | Nonpriority creditor's name and mailing address Kathleen Geopfert 21260 Erie Road Rocky River, OH 44116 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.00 |
| 3.329 | Nonpriority creditor's name and mailing address Kathleen Melilli 12802 Patricia Dr North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.330 | Nonpriority creditor's name and mailing address Kathleen Peozeni 23868 Bonny Bank Drive Westlake, OH 44145 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.331 | Nonpriority creditor's name and mailing address Kathleen Pilny 8759 Aubrun Road Chardon, OH 44024 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.332 | Nonpriority creditor's name and mailing address Kealy Young 16508 Westdale Ave Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
| 3.333 | Nonpriority creditor's name and mailing address Keith Welker 7310 Liberty Rd Solon, OH 44139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.334 | Nonpriority creditor's name and mailing address Kelly Jones 7931 Carter Road Sagamore Hills, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |

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| 3.335 | Nonpriority creditor's name and mailing address Kenneth C Grover 5399 Daintree Lane Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.336 | Nonpriority creditor's name and mailing address Kenneth Mulh 7566 Sweet Hollow Dr Mentor, OH 44060 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$299.99</u> |
| 3.337 | Nonpriority creditor's name and mailing address Kenneth Pelasky 1816 County Road 1035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$290.00</u> |
| 3.338 | Nonpriority creditor's name and mailing address Kenneth Schanda 3630 Puritan Dr Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$40.02</u> |
| 3.339 | Nonpriority creditor's name and mailing address Kerry Grimberg 3102 Huntington Road Shaker Heights, OH 44120 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$105.00</u> |
| 3.340 | Nonpriority creditor's name and mailing address Kevin A Schwartz 7285 Whitaker Dr Parma, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.341 | Nonpriority creditor's name and mailing address Kevin Delisio 12995 Caves Road Chesterland, OH 44026-3014 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |

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| 3.342 | Nonpriority creditor's name and mailing address Kevin Gallagher 315 High Bluf Aurora, OH 44202 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.343 | Nonpriority creditor's name and mailing address Kevin Herstine 6780 Indian Run Ave Waynesburg, OH 44688 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$45.00</u> |
| 3.344 | Nonpriority creditor's name and mailing address Kevin M Arnold 7679 Chaffee Road Sagamore Hills, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.345 | Nonpriority creditor's name and mailing address Kevin Morgan Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,458.01</u> |
| 3.346 | Nonpriority creditor's name and mailing address Kevin R Saxon 3220 Arrow Lane Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$30.00</u> |
| 3.347 | Nonpriority creditor's name and mailing address Kim L Rivera 6553 Crossview Road Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.348 | Nonpriority creditor's name and mailing address Kimberly A Lieber 20600 Stratford Circle Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$72.00</u> |

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| 3.349 | Nonpriority creditor's name and mailing address Kimberly A Weyand 502 Siber Ave Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$65.00</u> |
| 3.350 | Nonpriority creditor's name and mailing address Kimberly S Seely 2780 S Smyser Road Wooster, OH 44691 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$30.00</u> |
| 3.351 | Nonpriority creditor's name and mailing address Kristen Stachowiak 3214 Arrow Lane Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.352 | Nonpriority creditor's name and mailing address Kyra L Lawson 527 Harvard Ave Barberton, OH 44203 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$255.00</u> |
| 3.353 | Nonpriority creditor's name and mailing address L'Amy America PO Box 6401 Brattleboro, VT 05302-6401 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$21,859.74</u> |
| 3.354 | Nonpriority creditor's name and mailing address Landspan Corporation PO Box 72378 Cleveland, OH 44192-0378 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$14,568.51</u> |
| 3.355 | Nonpriority creditor's name and mailing address Laura Pritchard 3069 Cleveland Blvd Lorain, OH 44052 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |

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| 3.356 | Nonpriority creditor's name and mailing address Laura Scullin 13701 Monica Dr North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.357 | Nonpriority creditor's name and mailing address Laurie M Tumbry 7499 Race Road North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.358 | Nonpriority creditor's name and mailing address Leola May Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$42.70</u> |
| 3.359 | Nonpriority creditor's name and mailing address Leonard Staats 2177 Forest Oak Dr Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$160.00</u> |
| 3.360 | Nonpriority creditor's name and mailing address Leslie Piccolomini 13831 Lodge Dr North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.361 | Nonpriority creditor's name and mailing address Lin Santilli 1620 Brainard Road Lyndhurst, OH 44124 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.362 | Nonpriority creditor's name and mailing address Linda Brown 1183 Sylvania Road Cleveland, OH 44121 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |

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| 3.363 | Nonpriority creditor's name and mailing address Linda Elkins 632 Wyleswood Dr Berea, OH 44017 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.364 | Nonpriority creditor's name and mailing address Linda R Schaefer 4673 E Muggy Road Port Clinton, OH 43452 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$65.00 |
| 3.365 | Nonpriority creditor's name and mailing address Lisa A Long 774 Edgewood Road Richmond Hts, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.366 | Nonpriority creditor's name and mailing address Lisa Koops 4462 Baintree University Heights, OH 44118 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.367 | Nonpriority creditor's name and mailing address Lisa M Palazzo 32812 Heartwood Ave Avon, OH 44011 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.00 |
| 3.368 | Nonpriority creditor's name and mailing address Loretta Powell 9632 Valley View #1202 Macedonia, OH 44056 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
| 3.369 | Nonpriority creditor's name and mailing address Louis A Cipriano 6992 Ivandale Road Independence, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.00 |

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| 3.370 | Nonpriority creditor's name and mailing address Louis Brodnik 1915 South Compton Road Cleveland, OH 44118 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.371 | Nonpriority creditor's name and mailing address Louis Huml 33125 Nimrod East Solon, OH 44139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$161.25</u> |
| 3.372 | Nonpriority creditor's name and mailing address Louis Rozman 7843 State Route 88 Ravenna, OH 44266 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$5.00</u> |
| 3.373 | Nonpriority creditor's name and mailing address Mac H McCoy 1459 E 82nd St Cleveland, OH 44103 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.374 | Nonpriority creditor's name and mailing address Magnetic Springs Water Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$294.01</u> |
| 3.375 | Nonpriority creditor's name and mailing address Majeed G Makhoul 78 Huntington Woods Pkwy Bay Village, OH 44140 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.376 | Nonpriority creditor's name and mailing address Manuel Roman 710 Songbird St Elyria, OH 44035 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$91.50</u> |

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| 3.377 | Nonpriority creditor's name and mailing address Maple Heights Catering, Inc. 17330 Broadway Avenue Maple Heights, OH 44137 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$337.28 |
| 3.378 | Nonpriority creditor's name and mailing address Marchon 88216 Expedite Way Chicago, IL Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$64,690.40 |
| 3.379 | Nonpriority creditor's name and mailing address Marcolin USA 3140 Route 22 West Somerville, NJ 08876 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,175.69 |
| 3.380 | Nonpriority creditor's name and mailing address Margaret A Sim 1440 Jefferson Eagleview Road Jefferson, OH 44047 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
| 3.381 | Nonpriority creditor's name and mailing address Maria A Carver Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$60.00 |
| 3.382 | Nonpriority creditor's name and mailing address Maria Hatzoglou 2890 Lee Road Shaker Hts, OH 44120 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.00 |
| 3.383 | Nonpriority creditor's name and mailing address Marie L Tinn 164 Neck Road Madison, CT 06443 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.96 |

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| 3.384 | Nonpriority creditor's name and mailing address Marie M Rady 17959 Falling Leaves Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.385 | Nonpriority creditor's name and mailing address Marie Schwind 1339 Calle Del Sol Circle Port Orange, FL 32129 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$204.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.386 | Nonpriority creditor's name and mailing address Mario F Bennici 113 Stonecreek Drive Mayfield Hts, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.387 | Nonpriority creditor's name and mailing address Mark A Spadaro 12540 Edgewater Dr #1106 Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.388 | Nonpriority creditor's name and mailing address Mark A Wilhelm 1234 Old Columbus Road Wooster, OH 44691 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.389 | Nonpriority creditor's name and mailing address Mark C Tornow 807 Stone Brook Oval Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$131.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.390 | Nonpriority creditor's name and mailing address Mark Creswell 84 Wilbur Drive Monroe Falls, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Name

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| 3.391 | Nonpriority creditor's name and mailing address Mark D Negrey 2813 Marks Road Valley City, OH 44280 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.392 | Nonpriority creditor's name and mailing address Mark J Lechman 25130 Crosstie Trail Columbia Station, OH 44028 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.393 | Nonpriority creditor's name and mailing address Mark Shilling 6304 Third Ave Kent, OH 44240 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$65.00</u> |
| 3.394 | Nonpriority creditor's name and mailing address Mark Soucek Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$323.25</u> |
| 3.395 | Nonpriority creditor's name and mailing address Mark Strumbel 15193 Waterford North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$40.00</u> |
| 3.396 | Nonpriority creditor's name and mailing address Marry Pietrangelo 1160 Oakwood Lane St Clair, MI 48079 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.397 | Nonpriority creditor's name and mailing address Mary A Dillinger 4105 Porter Road Westlake, OH 44145 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |

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| 3.398 | Nonpriority creditor's name and mailing address Mary Golas 569 Main St Vermilion, OH 44089 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.399 | Nonpriority creditor's name and mailing address Mary Jo Baden 2921 Lamplight Lane Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.400 | Nonpriority creditor's name and mailing address Mary Lynn Reid 3195 Saunders St Cuyahoga Falls, OH 44221 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.00 |
| 3.401 | Nonpriority creditor's name and mailing address Mary Pat Smith 1129 Chatham Place Rocky River, OH 44116 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.402 | Nonpriority creditor's name and mailing address Match Eyewear 1600 Shames Drive Westbury, NY 11590 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$38,394.19 |
| 3.403 | Nonpriority creditor's name and mailing address Matthew D Fedak 4534 Bader Ave Cleveland, OH 44109 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.404 | Nonpriority creditor's name and mailing address Matthew Grucella 1486 Waterbury Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,300.00 |

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| 3.405 | Nonpriority creditor's name and mailing address Matthew J Rushnok 4017 W204th Street Fairview Park, OH 44126 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
| 3.406 | Nonpriority creditor's name and mailing address Matthew J Swords 38538 Smith Road Litchfield, OH 44253 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.407 | Nonpriority creditor's name and mailing address Matthew Jaffe 22 Walnut Street Oberlin, OH 44074 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.00 |
| 3.408 | Nonpriority creditor's name and mailing address Medina Municipal Court Attn: Clerk of Courts 135 North Elmwood Avenue Medina, OH 44256 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Possible court costs.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.409 | Nonpriority creditor's name and mailing address Mel Zhang 18586 Parkland Drive Shaker Heights, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |
| 3.410 | Nonpriority creditor's name and mailing address Melanie Borges Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$412.54 |
| 3.411 | Nonpriority creditor's name and mailing address Melanie Reilly 778 Lakewood Beach Drive Sheffield Lake, OH 44054 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$360.00 |

Name

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| 3.412 | Nonpriority creditor's name and mailing address Melissa Davidson 2470 Fairchild Circle NW Uniontown, OH 44685 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.413 | Nonpriority creditor's name and mailing address Melissa Foster 13712 Eastwood Blvd Garfield Heights, OH 44125 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.00 |
| 3.414 | Nonpriority creditor's name and mailing address Mercury Service dba Mercury Service PO Box 13644 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,664.36 |
| 3.415 | Nonpriority creditor's name and mailing address Michael A Prohaska 8075 Rodgers Road Lodi, OH 44254 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$160.00 |
| 3.416 | Nonpriority creditor's name and mailing address Michael Bowman 2129 13th street Cuyahoga Falls, OH 44223 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.417 | Nonpriority creditor's name and mailing address Michael Gleydura 26827 Bruce Drive Bay Village, OH 44140 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.418 | Nonpriority creditor's name and mailing address Michael Guyer 2256 Lake Center St NW Uniontown, OH 44685 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$89.50 |

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| 3.419 | Nonpriority creditor's name and mailing address Michael J Lighton 1112 Grigsby St New Castle, PA 16101 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.420 | Nonpriority creditor's name and mailing address Michael J Picone PO Box 14243 Cincinnati, OH 45250 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$106.71 |
| 3.421 | Nonpriority creditor's name and mailing address Michael J Tatonetti 128 West Park Blvd Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.422 | Nonpriority creditor's name and mailing address Michael Lupica 8123 Hillside Road Independence, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.00 |
| 3.423 | Nonpriority creditor's name and mailing address Michael M Badaracco Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.424 | Nonpriority creditor's name and mailing address Michael Molenda 16891 N Red Oak Drive Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.425 | Nonpriority creditor's name and mailing address Michael Pierce 2109 Wooster Rd B-27 Rocky River, OH 44116 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |

3.426 Nonpriority creditor's name and mailing address **Michael S Stanic**
275 Overbrook Road
Elyria, OH 44035
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$200.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.427 Nonpriority creditor's name and mailing address **Michael Wardzala**
347 Gerrard Dr
Berea, OH 44017
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.428 Nonpriority creditor's name and mailing address **Michele Reese**
4282 E 175th
Cleveland, OH 44128
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.429 Nonpriority creditor's name and mailing address **Michelle C Jones**
20019 Carolyn Ave
Fairview Park, OH 44126
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.430 Nonpriority creditor's name and mailing address **Michelle D Hudak**
1238 Marks Road #E
Valley City, OH 44280
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$95.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.431 Nonpriority creditor's name and mailing address **Michelle Sartor**
3303 N Sandy Lane
Avon, OH 44011
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$240.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.432 Nonpriority creditor's name and mailing address **Milan B Tanasijevic**
1874 W Wallings Road
Broadview Hts, OH 44147
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$120.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

Name

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| 3.433 | Nonpriority creditor's name and mailing address Miraflex USA 7950 NW 53rd Street Suite 324 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33.67 |
| 3.434 | Nonpriority creditor's name and mailing address Modern Optical International 585 Congress Circle North PO Box 72360 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$842.81 |
| 3.435 | Nonpriority creditor's name and mailing address Mohamed A Eddeb 4161 Westbrook Drive Brooklyn, OH 44144 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$58.00 |
| 3.436 | Nonpriority creditor's name and mailing address Molly L Gauntner 1637 Westwood Ave Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.437 | Nonpriority creditor's name and mailing address Mondottica USA 180 South Street, suite 201 New Providence, NJ 07974 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$288.99 |
| 3.438 | Nonpriority creditor's name and mailing address Monica C Klein 38520 Melrose Farms Dr Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.439 | Nonpriority creditor's name and mailing address Monica Munoz. Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$104.00 |

Name

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| 3.440 | Nonpriority creditor's name and mailing address Nada Moyak 17514 Riverway Dr Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.441 | Nonpriority creditor's name and mailing address Nancy Runevitch 4414 Patricia Drive Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.442 | Nonpriority creditor's name and mailing address Nancy Stoop 1726 Brookview Blvd Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.443 | Nonpriority creditor's name and mailing address Narendra Bhadra 9490 Shadow Hill Trail Chesterland, OH 44026 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |
| 3.444 | Nonpriority creditor's name and mailing address Natasa Nikolic 4880 Scottsdale Drive North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$70.00 |
| 3.445 | Nonpriority creditor's name and mailing address Nathan Hannaford 1542 Bobwhite Trail Stow, OH 44224 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.446 | Nonpriority creditor's name and mailing address Neil Juhnke 4591 Wilburn Drive South Euclid, OH 44121 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |

3.447 Nonpriority creditor's name and mailing address **Neil M Juhnke**
4591 Wilburn Drive
South Euclid, OH 44121
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.448 Nonpriority creditor's name and mailing address **Nicholas E Garner**
8855 West Lawn Blvd
Olmsted Falls, OH 44138
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$110.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.449 Nonpriority creditor's name and mailing address **Noble Davis Consulting, Inc**
6190 Cochran Road Suite D
Solon, OH 44139
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,041.68**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.450 Nonpriority creditor's name and mailing address **Nora Jones**
32596 Lake Road
Avon Lake, OH 44012
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$160.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.451 Nonpriority creditor's name and mailing address **North Olmsted Kiwanis**
C/O Ken Neuzil
27553 Blossom Blvd
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.452 Nonpriority creditor's name and mailing address **Northeast Ohio Regional Sewer District**
PO Box 94970
Cleveland, OH 44101
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$256.55**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.453 Nonpriority creditor's name and mailing address **Ocusoft**
30444 Southwest Fwy
Rosenberg, TX 77471
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$68.95**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

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| 3.454 | Nonpriority creditor's name and mailing address Opti-Port, LLC 680 Craig Road Ste 201 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,024.56 |
| 3.455 | Nonpriority creditor's name and mailing address Optics Incorporated 2936 Westway Drive Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,730.09 |
| 3.456 | Nonpriority creditor's name and mailing address Optogenics 10323 Cross Creek Blvd Suite F Tampa, FL 33647 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$137,068.53 |
| 3.457 | Nonpriority creditor's name and mailing address Orwell Natural Gas PO Box 73139 Cleveland, OH 44193-3139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19.70 |
| 3.458 | Nonpriority creditor's name and mailing address Palm Optical Company, Inc. 20157 Northeast 16th Place North Miami Beach, FL 33179 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,221.12 |
| 3.459 | Nonpriority creditor's name and mailing address Patricia M Bernardo PO Box 770983 Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.460 | Nonpriority creditor's name and mailing address Patricia Mccartney 12008 Derby Court Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$169.34 |

Name

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| 3.461 | Nonpriority creditor's name and mailing address Patricia Minge 25653 Westwood Road Westlake, OH 44145 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.462 | Nonpriority creditor's name and mailing address Patricia R Takach 6501 Marsol Road #447 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.463 | Nonpriority creditor's name and mailing address Patricia Stevens 211 Aurora Street Hudson, OH 44236 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$120.00</u> |
| 3.464 | Nonpriority creditor's name and mailing address Patricia Valenti 7661 Cherrywood Lane Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$25.00</u> |
| 3.465 | Nonpriority creditor's name and mailing address Patrick Kearney 12419 Albion Road North Royalton, OH 44133 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.466 | Nonpriority creditor's name and mailing address Paul D Olshavsky 4089 Cherokee Trail Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$95.00</u> |
| 3.467 | Nonpriority creditor's name and mailing address Paul Gerhart PO Box 1249 Granby, CO 80446 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$145.00</u> |

Name

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| 3.468 | Nonpriority creditor's name and mailing address Paul L Minks 1548 Locust Street South East Canal Fulton, OH 44614 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$105.00</u> |
| 3.469 | Nonpriority creditor's name and mailing address Paul Wilson 2442 Roxboro Street Avon, OH 44011 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.470 | Nonpriority creditor's name and mailing address Paula L Caso 5252 Main Avenue North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$392.00</u> |
| 3.471 | Nonpriority creditor's name and mailing address Peter Dugovics 34490 Ridge Rd B201 Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.472 | Nonpriority creditor's name and mailing address Phil Vedda & Sons Inc. 12000 Berea Road Cleveland, OH 44111 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$253.70</u> |
| 3.473 | Nonpriority creditor's name and mailing address Phyllis Barnett-Hudson 4725 Hillary Lane Cleveland, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$406.28</u> |
| 3.474 | Nonpriority creditor's name and mailing address Practical Systems Inc. Dept AT 952647 Atlanta, GA 31192-2647 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$298.94</u> |

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| 3.475 | Nonpriority creditor's name and mailing address Prescription Optical, Inc PO Box 1088 St. Cloud, MI 56302 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,133.15 |
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| 3.476 | Nonpriority creditor's name and mailing address Prism Tool Company 1950 Neva Drive Dayton, OH 45414 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.00 |
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| 3.477 | Nonpriority creditor's name and mailing address Quest Vision Care Specialty Lab, Inc. 9103 132nd Ave N Largo, FL 33773 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$549.44 |
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| 3.478 | Nonpriority creditor's name and mailing address Ralph Kolasinski 5855 Doxmere Dr Parma Hts, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
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| 3.479 | Nonpriority creditor's name and mailing address Ramon Bobe 3952 Washington Park Blvd Newburgh Heights, OH 44105 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
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| 3.480 | Nonpriority creditor's name and mailing address Ramona Cutcher 981 Branch Road Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
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| 3.481 | Nonpriority creditor's name and mailing address Randy P Ruch 3136 Turtle Bay Circle Uniontown, OH 44685 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
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| 3.482 | Nonpriority creditor's name and mailing address Raymond A Schmitt 241 Mapelawn Drive Berea, OH 44017 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.483 | Nonpriority creditor's name and mailing address Raymond W Lane 269 S Franklin St Chagrin Falls, OH 44022 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$128.00 |
| 3.484 | Nonpriority creditor's name and mailing address Reginald Barnes 1700 E 13th St apt 17 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.485 | Nonpriority creditor's name and mailing address Reynaldo Serrano 8640 Wooster Pike Road Seville, OH 44273 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161.25 |
| 3.486 | Nonpriority creditor's name and mailing address Richard A Metzger 9710 Prospect Rd Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$54.00 |
| 3.487 | Nonpriority creditor's name and mailing address Richard A. Kershaw 18148 Heritage Trail Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$748.00 |
| 3.488 | Nonpriority creditor's name and mailing address Richard G Adkins 11599 Schwab Dr Parma, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |

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| 3.489 | Nonpriority creditor's name and mailing address Richard G Anderson 2251 Brook Haven Lane Hinckley, OH 44233 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161.25 |
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| 3.490 | Nonpriority creditor's name and mailing address Richard Hemchak 8017 Darrow Road Huron, OH 44839 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$109.97 |
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| 3.491 | Nonpriority creditor's name and mailing address Richard Kapper 529 Trelake Dr Canal Fulton, OH 44614 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
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| 3.492 | Nonpriority creditor's name and mailing address Richard L Weiler 7207 Kenssington Drive North Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
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| 3.493 | Nonpriority creditor's name and mailing address Richard Thomas 3936 W 229th Street Fairview Park, OH 44126 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$120.00 |
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| 3.494 | Nonpriority creditor's name and mailing address Rick Moxley 4052 Fulton Parkway Cleveland, OH 44144 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
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| 3.495 | Nonpriority creditor's name and mailing address Robert A Gaye 1241 Summit Drive Mayfield, OH 44124 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$112.50 |
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3.496 Nonpriority creditor's name and mailing address **Robert A Melton**
1816 Revere Place
Lorain, OH 44053
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.497 Nonpriority creditor's name and mailing address **Robert Church**
5086 Cline Road
Kent, OH 44240
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$110.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.498 Nonpriority creditor's name and mailing address **Robert Ehlert Jr**
20220 Carlyle Drive
Strongsville, OH 44149
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.499 Nonpriority creditor's name and mailing address **Robert Herr**
2864 Shakespears Lane
Avon, OH 44011
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.500 Nonpriority creditor's name and mailing address **Robert J Shaffer**
504 Schooner Lane
Northfield, OH 44067
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$112.50**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.501 Nonpriority creditor's name and mailing address **Robert Kalman**
18306 Alexander Road
Walton Hills, OH 44146
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$80.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

3.502 Nonpriority creditor's name and mailing address **Robert Keefer**
2850 Pintail Court
Akron, Oh
 Date(s) debt was incurred 2018-2019
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$35.00**
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services
 Is the claim subject to offset? ☒ No ☐ Yes

Name

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| 3.503 | Nonpriority creditor's name and mailing address Robert mauch 1327 Blueberry Hill Brunswick, OH 44212 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$142.50 |
| 3.504 | Nonpriority creditor's name and mailing address Robert Papa 130 3rd Stree NE New Philadelphia, OH 44663 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35.00 |
| 3.505 | Nonpriority creditor's name and mailing address Robert R Bell 24813 Antler Drive North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$112.50 |
| 3.506 | Nonpriority creditor's name and mailing address Robert Rymarczyk 15 Bogey Circle New Smyrna Beach, FL 32168 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.00 |
| 3.507 | Nonpriority creditor's name and mailing address Robert Shaffer 4753 W 11th Street Cleveland, OH 44109 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$125.00 |
| 3.508 | Nonpriority creditor's name and mailing address Robert Tomsik 32759 Bridestone North Ridgevill, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30.00 |
| 3.509 | Nonpriority creditor's name and mailing address Robert V Gantner 589 Bayfair Drive Bay Village, OH 44140 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$117.00 |

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| 3.510 | Nonpriority creditor's name and mailing address Robyn L Roub-Howe 3613 Ridgestone Drive Garland, TX 75040 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$142.50 |
| 3.511 | Nonpriority creditor's name and mailing address Rocky River Municipal Court 21012 Hilliard Blvd. Rocky River, OH 44116 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible court costs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.512 | Nonpriority creditor's name and mailing address Roger G Edington 490 S Market St Shreve, OH 44676 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$55.00 |
| 3.513 | Nonpriority creditor's name and mailing address Ronald Heffern 7232 Grant Blvd Middleburg Hts, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
| 3.514 | Nonpriority creditor's name and mailing address Ronald K Boals 98 Morgan Ave Ashland, OH 44805 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105.00 |
| 3.515 | Nonpriority creditor's name and mailing address Ronald L Heffern 7232 Grant Blvd Middleburg Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.516 | Nonpriority creditor's name and mailing address Ronald L Sim 1103 Webstee Road Jefferson, OH 44047 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |

Name

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| 3.517 | Nonpriority creditor's name and mailing address Ronald O Brown 5715 Charles Ave Parma, OH 44129 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$65.00</u> |
| 3.518 | Nonpriority creditor's name and mailing address Ronni E Ducoff 24522 Albert Lane Beachwood, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.519 | Nonpriority creditor's name and mailing address Ronnie Ducoff 24522 Albert Lane Beachwood, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$125.00</u> |
| 3.520 | Nonpriority creditor's name and mailing address Roseco Optics Inc. 831 Lincoln Ave Unit D1 West Chester, PA 19380 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$42.05</u> |
| 3.521 | Nonpriority creditor's name and mailing address RRG Beidler Properties, LLC 4756 Beidler Road Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.522 | Nonpriority creditor's name and mailing address Ruth Justice 26240 Broadview Ave Bedford, OH 44146 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |
| 3.523 | Nonpriority creditor's name and mailing address Ryan J Sopko 6938 Greenleaf Ave Parma Hts, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$130.00</u> |

Name

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| 3.524 | Nonpriority creditor's name and mailing address Ryan Zimmerman OD 10211 Dayflower Drive Twinsburg, OH 44087 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.525 | Nonpriority creditor's name and mailing address Sally Sell 28573 Spruce Dr North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.526 | Nonpriority creditor's name and mailing address Sandra Bizzell 4506 Longleaf Road Warrensville Heights, OH 44128 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.527 | Nonpriority creditor's name and mailing address Santee Security Inc. 37144 Vine Street Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,102.38 |
| 3.528 | Nonpriority creditor's name and mailing address Santo Berardi 7510 Biarcliff Middleburg Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
| 3.529 | Nonpriority creditor's name and mailing address Sara A Cigic 6005 Commanche Ct Parma Hts, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.530 | Nonpriority creditor's name and mailing address Sarah Duda 20531 Naumann Ave Euclid, OH 44123 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$290.00 |

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| 3.531 | Nonpriority creditor's name and mailing address Schneider Optical Machines Inc. 6644 All Stars Avenue Suite 100 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,068.63 |
| 3.532 | Nonpriority creditor's name and mailing address Scott D Frye 37116 Stone Creek Dr N Ridgeville, OH 44039 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.533 | Nonpriority creditor's name and mailing address Scott Robbins 474 Orchard Grove Road Sagamore Hills, OH 44067 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$170.00 |
| 3.534 | Nonpriority creditor's name and mailing address Scott S Brodie 474 Fulmer Ave Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.535 | Nonpriority creditor's name and mailing address Scott Serafin 1220 Bryce Ave Aurora, OH 44202 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$60.00 |
| 3.536 | Nonpriority creditor's name and mailing address Select Optical 6510 Huntley Road Columbus, OH 43229 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$230.46 |
| 3.537 | Nonpriority creditor's name and mailing address Select Strategies Brokerage LLC 400 Techne Center, Suite 320 Willoughby, OH 44094 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Breach of lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |

Name

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| 3.538 | Nonpriority creditor's name and mailing address Select-KM Plaza LLC PO Box 74486 Cleveland, OH 44194-4486 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,555.34 |
| 3.539 | Nonpriority creditor's name and mailing address Serpil Ergun 39199 Glenlivet Court Solon, OH 44139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.540 | Nonpriority creditor's name and mailing address Shamir Insight, Inc. 9938 Via Pasar San Diego, Ca Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$87,561.66 |
| 3.541 | Nonpriority creditor's name and mailing address Shamir Insight, Inc. Clicks 9938 Via Pasar San Diego, Ca Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$44,659.31 |
| 3.542 | Nonpriority creditor's name and mailing address Sharon Yurko 6464 Scott Drive Brookpark, OH 44142 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.543 | Nonpriority creditor's name and mailing address Sherylyn Fortuna 13917 Trenton Oval Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$120.00 |
| 3.544 | Nonpriority creditor's name and mailing address Shmoel Efraim 10380 Oviatt Lane Twinsburg, OH 44087 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200.00 |

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| 3.545 | Nonpriority creditor's name and mailing address Silke Pagendarm 695 E 250Th Street Euclid, OH 44132 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.546 | Nonpriority creditor's name and mailing address Silver Dollar Optical 155 Corporate Drive PO Box 548 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$384.60 |
| 3.547 | Nonpriority creditor's name and mailing address Smilen Eyewear 385-6 Pearsall Ave Cedarhurst, NY 11516 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$31.25 |
| 3.548 | Nonpriority creditor's name and mailing address Somphong Vongsouvanh 4532 W 149th street Cleveland, OH 44135 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.549 | Nonpriority creditor's name and mailing address Sowan L Lockridge 956 Helmsdale Road Cleveland, OH 44112 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.550 | Nonpriority creditor's name and mailing address St. Blaise Mary Giaimo 950 Naomi Lane Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200.00 |
| 3.551 | Nonpriority creditor's name and mailing address Staci Rezac 2816 Williamsburg Circle Stow, OH 44224 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |

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| 3.552 | Nonpriority creditor's name and mailing address Standing Chapter 13 Trustee PO BOX 593 Memphis, TN 38101-0593 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$247.38 |
| 3.553 | Nonpriority creditor's name and mailing address Stanislav Pokalev 10563 Durreg Court Reminderville, OH 44202 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.554 | Nonpriority creditor's name and mailing address Stephen Barna Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
| 3.555 | Nonpriority creditor's name and mailing address Stephen Cox 5471 Lance Road Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.556 | Nonpriority creditor's name and mailing address Stephen D Sechrist 7429 Battery Park Blvd Cleveland, OH 44102 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.557 | Nonpriority creditor's name and mailing address Stephen E Adams 204 E Brookside One Akron, OH 44301 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.558 | Nonpriority creditor's name and mailing address Stephen J Lewis 2589 Euclid Heights Blvd Apt 1 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$95.00 |

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| 3.559 | Nonpriority creditor's name and mailing address Stereo Optical Company, Inc PO BOX 402429 Atlanta, GA 30384-2429 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$15,773.60</u> |
| 3.560 | Nonpriority creditor's name and mailing address Steve Golinar 3726 Portsmouth Perry, OH 44081 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.561 | Nonpriority creditor's name and mailing address Steven Barry 19140 Story Road Rocky River, OH 44116 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.562 | Nonpriority creditor's name and mailing address Steven Boardman 10761 Waterfall Road Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.563 | Nonpriority creditor's name and mailing address Steven Holcroft 4816 Misty Brook Circle Stow, OH 44224 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$80.00</u> |
| 3.564 | Nonpriority creditor's name and mailing address Steven J Tonovitz 7320 Popham Pl Solon, OH 44139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$156.17</u> |
| 3.565 | Nonpriority creditor's name and mailing address Steven Palumbo Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$170.00</u> |

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| 3.566 | Nonpriority creditor's name and mailing address Steven Rapoport 5985 Park Ridge Drive North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.567 | Nonpriority creditor's name and mailing address Susan M Waddell 4506 Ashbury Park Dr North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$45.00</u> |
| 3.568 | Nonpriority creditor's name and mailing address Susan M. Jones 13579 Brookhaven Brookpark, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$50.00</u> |
| 3.569 | Nonpriority creditor's name and mailing address Susan Ottogalli 16801 Orchard Grove Dr Middleburg Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$100.00</u> |
| 3.570 | Nonpriority creditor's name and mailing address Tawinka Sloan 26241 Lakeshore Blvd Apt 1653 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$87.60</u> |
| 3.571 | Nonpriority creditor's name and mailing address Terence Hruska 14448 Stone Road Newbury, OH 44065 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$257.00</u> |
| 3.572 | Nonpriority creditor's name and mailing address Teresa Keyes 13407 Shady Oak Blvd Garfield Heights, OH 44125 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$75.00</u> |

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| 3.573 | Nonpriority creditor's name and mailing address Terrence G Kelly 27976 Edge Park Dr North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$68.75 |
| 3.574 | Nonpriority creditor's name and mailing address Terry Cain 12265 The Bluffs Strongsville, OH 44136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.575 | Nonpriority creditor's name and mailing address Terry Schuerger 14216 Bayes Ave Lakewood, OH 44107 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
| 3.576 | Nonpriority creditor's name and mailing address The Builders Exchange 9555 Rockside Rd. Suite 300 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$463.33 |
| 3.577 | Nonpriority creditor's name and mailing address The Chen Family Akron Limited Partnershi 6000 Steubenville Pike, Suite 101 McKees Rock, PA 15136 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,455.30 |
| 3.578 | Nonpriority creditor's name and mailing address Theodore H Tsesmilles 16608 Emerick Road Kensington, OH 44421 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$77.36 |
| 3.579 | Nonpriority creditor's name and mailing address Thomas C Eckert 7323 Hickory Lane Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |

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| 3.580 | Nonpriority creditor's name and mailing address Thomas E Duffin 837 Elyria Ave Amherst, OH 44001 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$65.00 |
| 3.581 | Nonpriority creditor's name and mailing address Thomas Franczak 2236 Augustine Dr Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$160.00 |
| 3.582 | Nonpriority creditor's name and mailing address Thomas J Powell 4308 McKinney Ave Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.583 | Nonpriority creditor's name and mailing address Thomas Kozma 832 Olde Orchard Drive Tallmadge, OH 44278 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.584 | Nonpriority creditor's name and mailing address Thomas McTaggart 13646 Starlite Drive Brook Park, OH 44142 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.585 | Nonpriority creditor's name and mailing address Thomas Verdi 459 Leverett Lane Highland Heights, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.586 | Nonpriority creditor's name and mailing address Tim Hertel 113 Davenport Ave Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |

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| 3.587 | Nonpriority creditor's name and mailing address Tim J Conway 21073 Morris Drive Strongsville, OH 44149 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |
| 3.588 | Nonpriority creditor's name and mailing address Timothy E Haselow 7590 Pleasant View Dr Parma, OH 44134 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$106.75 |
| 3.589 | Nonpriority creditor's name and mailing address Timothy J O'Connor Jr 7912 State Route 305 Garrettsville, OH 44231 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$94.99 |
| 3.590 | Nonpriority creditor's name and mailing address Timothy M Skank 133 Mt Pleasant Road Clinton, OH 44216 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$70.00 |
| 3.591 | Nonpriority creditor's name and mailing address Timothy Tolar 167 S Rocky River Drive Berea, OH 44017 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.592 | Nonpriority creditor's name and mailing address Todd A Rininger 892 Bridge Road Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.593 | Nonpriority creditor's name and mailing address Todd Clark 827 Loraine Street Toledo, OH 43609 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |

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| 3.594 | Nonpriority creditor's name and mailing address Tom Schaefer Plumbing, Inc. 4350 Glenbrook Rd. Willoughby, OH 44094 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,395.00 |
| 3.595 | Nonpriority creditor's name and mailing address Toshiba Business Solutions PO Box 73780 Cleveland, OH 441293 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.97 |
| 3.596 | Nonpriority creditor's name and mailing address Tracy L Vargo 2928 Jasmine Dr Seven Hills, OH 44131 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.597 | Nonpriority creditor's name and mailing address Tracy McCorry 19101 Van Aken Blvd #117 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.598 | Nonpriority creditor's name and mailing address Tracy Regas 3065 Fieldstone Trail Avon, OH 44011 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.599 | Nonpriority creditor's name and mailing address Tracy Vitolo 50 North Doan Painesville, OH 44077 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.600 | Nonpriority creditor's name and mailing address Transamerica PO Box 21493 New York, NY 10087-4493 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$812.50 |

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|-------|--|--|-------------------|
| 3.601 | Nonpriority creditor's name and mailing address Tyrone Roundtree 4182 Americana Dr Apt 202 Stow, OH 44224 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105.00 |
| 3.602 | Nonpriority creditor's name and mailing address Ultra Optics SDS 12-1084 PO Box 86 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,587.42 |
| 3.603 | Nonpriority creditor's name and mailing address University Eye Care & Surgery 18599 Lakeshore Blvd Suite 200 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
| 3.604 | Nonpriority creditor's name and mailing address University Hospital Medical Group 20800 Harvard Road Attn: Tina Koch Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,834.64 |
| 3.605 | Nonpriority creditor's name and mailing address USPS Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.606 | Nonpriority creditor's name and mailing address Valerie J. Harry 4735 Elizabeth Lane Brooklyn, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
| 3.607 | Nonpriority creditor's name and mailing address Verla Jones 24165 Randolph Road Bedford Heights, OH 44146 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |

Name

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|-------|--|--|-----------------|
| 3.608 | Nonpriority creditor's name and mailing address Veronica Jenkins 11425 Bradwell Road Garfield Heights, OH 44125 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.609 | Nonpriority creditor's name and mailing address Veronica White Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.610 | Nonpriority creditor's name and mailing address Veronica Young 793 East 103rd St Cleveland, OH 44108 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.611 | Nonpriority creditor's name and mailing address Vicki Gaither 10017 Chesterfield Parma Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.612 | Nonpriority creditor's name and mailing address Victoria Diaconescu 6193 McKenzie Road North Olmsted, OH 44070 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.613 | Nonpriority creditor's name and mailing address Vida Tripodo 8901 Ranch Dr Chesterland, OH 44026 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105.00 |
| 3.614 | Nonpriority creditor's name and mailing address Vikki Goodrick 571 Beechwood Lane Painesville, OH 44077 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |

Name

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|-------|---|--|--------------------|
| 3.615 | Nonpriority creditor's name and mailing address Virginia L Pannent 8721 Basswood Pl Macedonia, OH 44056 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| 3.616 | Nonpriority creditor's name and mailing address Vision Dynamics Lab 1966 Production Court Louisville, KY 40299 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$610.17</u> |
| 3.617 | Nonpriority creditor's name and mailing address Vision-Ease Lens NW 6083 PO Box 1450 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$883.80</u> |
| 3.618 | Nonpriority creditor's name and mailing address Vista Way Partners, LLC PO Box 22986 Cleveland, OH 44122 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$24,808.65</u> |
| 3.619 | Nonpriority creditor's name and mailing address Vistakon Vistakon Lockbox 5855 Collection Center Dr Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$38,774.12</u> |
| 3.620 | Nonpriority creditor's name and mailing address Visual Eyes Eyewear Inc 975 Florida Central Pkwy Suite 1800 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$23,288.03</u> |
| 3.621 | Nonpriority creditor's name and mailing address Visual Graphics Another M.N Whaley Co. 7969 Reynolds Road Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$547.31</u> |

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| 3.622 | Nonpriority creditor's name and mailing address Viva PO Box 798161 ST. Louis, MO 63179-8000 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,850.02 |
| 3.623 | Nonpriority creditor's name and mailing address VSPOne Columbus 12666 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,597.36 |
| 3.624 | Nonpriority creditor's name and mailing address W.B. Mason CO. Inc. PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,633.88 |
| 3.625 | Nonpriority creditor's name and mailing address Walter Bandza 5868 Eldon Dr Middleburg Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
| 3.626 | Nonpriority creditor's name and mailing address Walter G Zimmerman 4153 Monterey Dr Medina, OH 44256 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$82.50 |
| 3.627 | Nonpriority creditor's name and mailing address Waste Management Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$101.35 |
| 3.628 | Nonpriority creditor's name and mailing address Wendy B Mcmillin 33930 Parkside Dr Columbia Station, OH 44028 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |

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| 3.629 | Nonpriority creditor's name and mailing address Wenquan Zou 32875 Ledge Hill Dr Solon, OH 44139 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$62.96 |
| 3.630 | Nonpriority creditor's name and mailing address Whitney Ward 4037 Bayard Road South Euclid, OH 44121 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75.00 |
| 3.631 | Nonpriority creditor's name and mailing address William D. Wilmoth 768 Gougler Road Akron, OH 44319 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$155.00 |
| 3.632 | Nonpriority creditor's name and mailing address William G Opalich 35476 Admiral Dr Eastlake, OH 44095 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.633 | Nonpriority creditor's name and mailing address William Holmes 2939 Genera St NW UnionTown, OH 44685 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$80.00 |
| 3.634 | Nonpriority creditor's name and mailing address William J Schram 9415 Roxbury Road Parma Heights, OH 44130 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.00 |
| 3.635 | Nonpriority creditor's name and mailing address William Napler 3925 Springville Road Wooster, OH 44691 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$240.00 |

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| 3.636 | Nonpriority creditor's name and mailing address William Spitzer 812 Shannon Ave Cuyahoga Falls, Oh Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35.00 |
| 3.637 | Nonpriority creditor's name and mailing address William T Klonaris 374 Medway Road Highland Hts, OH 44143 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.638 | Nonpriority creditor's name and mailing address William Whitney 3648 Rockport Ave Cleveland, OH 44111 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50.00 |
| 3.639 | Nonpriority creditor's name and mailing address Windsor Eyes 7100 Airport Highway Pennsauken, NJ 08109 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,788.99 |
| 3.640 | Nonpriority creditor's name and mailing address Windstream Linden, MI 48451-0505 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$57.45 |
| 3.641 | Nonpriority creditor's name and mailing address WVA PO Box 900 Burlington, WI 53105 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$102,001.91 |
| 3.642 | Nonpriority creditor's name and mailing address Zelko Krizanic 3210 Dewalt Dr Akron, OH 44312 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.00 |

Debtor Union Eye Care Center, Inc. Case number (if known) _____
Name

3.643 Nonpriority creditor's name and mailing address

Zyloware Eyewear
8 Slater Street
Port Chester, NY 10573

Date(s) debt was incurred 2018-2019

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Goods/Services

Is the claim subject to offset? ☒ No ☐ Yes

\$1,917.71

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | Cleveland Clinic Foundation P.O. Box 931581 Cleveland, OH 44193 | Line <u>3.101</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | IAM National Pension Fund 1300 Connecticut Avenue, NW Suite 300 Washington, DC 20036 | Line <u>3.244</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Lee Skidmore Skidmore & Hall Co. LPA 748 N. Court St. Medina, OH 44256 | Line <u>3.537</u> <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|------------------------|
| 5a. | \$ <u>293,688.09</u> |
| 5b. + | \$ <u>1,916,247.07</u> |
| 5c. | \$ <u>2,209,935.16</u> |

Fill in this information to identify the case:Debtor name **Union Eye Care Center, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Premises located at Buybacks Plaza, Mentor, Ohio**

State the term remaining **Approx. 4 years**

List the contract number of any government contract _____

**BBP Acquisition LLC
c/o BEK Deelopers LLC
24500 Chagrin Blvd. - Ste 100
Beachwood, OH 44122**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Premises at 7593 Mentor Ave., Mentor, OH**

State the term remaining _____

List the contract number of any government contract _____

**BBP Acquisition LLC
c/o BEK Deelopers LLC
24500 Chagrin Blvd. - Ste 100
Beachwood, OH 44122**

2.3. State what the contract or lease is for and the nature of the debtor's interest **2020 Carnegia Ave., Cleveland, OH**

State the term remaining **4/2020**

List the contract number of any government contract _____

**Central Property LLC
P.O. Box 470396
Broadview Heights, OH 44147**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Cole Eye Care Building**

State the term remaining **9/2020 expiration**

List the contract number of any government contract _____

**Cleveland Clinic Foundation
c/o CB Richard Ellis
5001 Rockside Road, Suite 600
Independence, OH 44131**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Brunswick, Ohio**

State the term remaining **4 months**

List the contract number of any government contract _____

**Kimco Brunswick Associates
P.O. Box C
Roslyn, NY 11576**

2.6. State what the contract or lease is for and the nature of the debtor's interest **22547 Lorain Rd., North Olmsted, OH**

State the term remaining **10/2022 expiration**

List the contract number of any government contract _____

**Landspan Corporation
675 Northfield Rd.
Bedford, OH 44146**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Lease of 4750 Biedler Rd.,**

State the term remaining _____

List the contract number of any government contract _____

**RRG Biedler Properties LLC
4756 Bieler Rd.
Willoughby, OH 44094**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Lease for Vista Way location**

State the term remaining **Approx. 1 year remining**

List the contract number of any government contract _____

**Vista Way Partners
5595 Transportation Blvd., Ste 100
Cleveland, OH 44125**

Fill in this information to identify the case:Debtor name Union Eye Care Center, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

2.2

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

2.3

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

2.4

Street

City

State

Zip Code

☐ D
☐ E/F
☐ G

Fill in this information to identify the case:Debtor name Union Eye Care Center, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**From **6/01/2018** to **5/31/2019****Sources of revenue**
Check all that apply☒ Operating a business☐ Other **sales - Loss of**
\$194,764**Gross revenue**
(before deductions and exclusions)**\$4,785,626.00****For the fiscal year:**From **6/01/2016** to **5/31/2017**☒ Operating a business☐ Other _____**\$5,396,579.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**For prior year:**From **6/01/2018** to **5/31/2019****Capital gain****\$4,988.00****For year before that:**From **6/01/2017** to **5/31/2018****Rental income from doctors**
zzzz+ misc.**\$103,302.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|--|
| 3.1. See attached for payments since Mar 2019 | | \$0.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|---|-----------------------|---------------------------------|
| 4.1. Kevin Morgan 70416 Springwood Circle Twinsburg, OH 44087 CEO | Salary paid every two weeks - annual salary of \$112,000 | \$0.00 | Salary |

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|---|--|------|-------------------|
| Sam Cannata - Vista Way Partners, LLC 9571 Vista Way Cleveland, OH 44125 | Landlord locked out tenant and is claiming rights to the assets despite being told the assets were not abandoned. | | Unknown |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
|---------------------------|----------------|------------------------------------|----------------|

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|--|--|---|---|
| 7.1. | Landspan Corp. v. Union Eye Care Center, Inc. 19 CVG 1456 | Eviction | Rocky River Municipal Court 21012 Hilliard Blvd. Rocky River, OH 44116 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.2. | Select Strategies Brokerage, LLC v. Union Eye Cre Center 19CVG01486 | Forcible entry and detainer and damages | Medina Municipal Court 136 North Elmwood Ave. Medina, OH 44256 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>). | Dates of loss | Value of property lost |
|---|--|---------------|---------------------------|
|---|--|---------------|---------------------------|

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| | Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|-------|---|---|------------------|-----------------------|
| 11.1. | Dettelbach, Sicherman & Baumgart 55 Public Square, 21st Floor Cleveland, OH 44113-1902 | Attorney Fees \$4665.00 | May, 2019 | \$5,000.00 |
| | Email or website address rbaumgart@dsb-law.com | | | |
| | Who made the payment, if not debtor? | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy From-To |
|---------|-------------------------------|
|---------|-------------------------------|

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|--|-----------------------------|-----------------------|
|---|--|-----------------------------|-----------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---|---|-----------------------------|--|
| Square Foot 4507 Biedler Rd. Willoughby, OH 44094 | Keys are located in main office building on Biedler Road. | Files and old typewriters | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

| Owner's name and address | Location of the property | Describe the property | Value |
|---|--|---|-------------|
| Shamir Insight, Inc. 9938 Via Pasar San Diego, CA 92126 | Union Eye Care Center 26215 Tungsten Rd. Berea, OH 44017 | Equipment located at Tungsten Lab locatiion | \$10,000.00 |

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|-------------------------------------|--------------------|----------------|
|---------------------------|-------------------------------------|--------------------|----------------|

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

| Business name address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|-----------------------|-------------------------------------|--|
|-----------------------|-------------------------------------|--|

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

| Name and address | Date of service From-To |
|---|----------------------------|
| 26a.1. Lynn Knable P.O. Box 533 Burton, OH 44021 | 8/2012 - 3/2019 |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

| Name and address | Date of service From-To |
|--|----------------------------|
| 26b.1. Ciuni & Panichi 25201 Chagrin Blvd Beachwood, OH 44122 | |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

| Name and address | If any books of account and records are unavailable, explain why |
|------------------|---|
|------------------|---|

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

| Name and address |
|------------------|
|------------------|

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|--|-------------------|---|
|--|-------------------|---|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-------------------------|--|--|--------------------------|
| John Baker | 103 Erieside Ave. Cleveland, OH 44114 | Board member | N/A |
| John Duff | 33101 Redwood Blvd. Avon Lake, OH 44012 | Board member | N/A |
| Dorothy Dudash | 8237 Fairfax Mentor, OH 44060 | Board Member | N/A |
| Robert Beck | 3493 Columbia Rd. North Olmsted, OH 44070 | Board member | N/A |
| Elmer Khal | 1201 W. 69th St. Cleveland, OH 44102 | Board Member | N/A |
| Terry McCafferty | 541 Justo Lane Seven Hills, OH 44131 | Board Member | N/A |

| Name | Address | Position and nature of any interest | % of interest, if any |
|-------------------|---|-------------------------------------|-----------------------|
| Robert `Schiebi;l | 34740 Iria Lane Eastlake, OH 44095 | Board Member | N/A |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Ken Yuko | 479 Pierson Dr. Cleveland, OH 44143 | Board Member | N/A |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Buddy McTaggart | 15 Fiddle Sticks Olmsted Falls, OH 44138 | Board Member | N/A |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Michael Morgan | 7573 Northwoods Ct. Concord, OH 44077 | Board Member | N/A |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Kevin Morgan | 10416 Springwood Ct. Twinsburg, OH 44087 | Board Member | N/A |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

| Name of the pension fund | Employer Identification number of the parent corporation |
|--------------------------|--|
|--------------------------|--|

Debtor Union Eye Care Center, Inc.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 2, 2019

/s/ Kevin Morgan
Signature of individual signing on behalf of the debtor

Kevin Morgan
Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

90 DAYS

| | | | | |
|------|------------------------|-------------|------|-------------------|
| 3/11 | Marchon | \$7000.00 | 7381 | Frames |
| 3/12 | Goldman,Evans,Trammell | \$25,000.00 | 7385 | Optogenics Lawyer |
| 3/14 | Cleveland Clinic | \$9636.00 | 7358 | Rent |
| 3/19 | Optogenics | \$6000.00 | 7394 | lenses |
| 3/21 | ABB Optical | \$10000.00 | Wire | lenses |
| 3/22 | Marchon | \$7000.00 | 7403 | Frames |
| 3/25 | Optogenics | \$6000.00 | 7409 | lenses |
| 3/25 | Medical Mutual | \$22,805.96 | Wire | Health Ins |
| 3/28 | ABB Optical | \$10000.00 | Wire | Lenses |
| 4/1 | Optogenics | \$6000.00 | 7417 | Lenses |
| 4/2 | BBP | \$5914.10 | 7415 | Rent |
| 4/3 | Vista Way Partners | \$6031.01 | 7360 | Rent |
| 4/4 | ABB Optical | \$12000.00 | Wire | lenses |
| 4/9 | ABB Optical | \$12000.00 | Wire | lenses |
| 4/11 | Visual Eyes | \$11000.00 | 7426 | Frames |
| 4/11 | Optogenics | \$6000.00 | 7428 | lenses |
| 4/19 | Optogenics | \$6000.00 | 7439 | lenses |
| 4/22 | Optogenics | \$6000.00 | 7443 | lenses |
| 4/24 | ABB Optical | \$10000.00 | Wire | lenses |
| 4/26 | I.A.M Pension | \$6356.70 | 7445 | pension |
| 4/26 | Medical Mutual | \$23507.10 | Wire | Health Ins |
| 5/6 | State of Ohio | \$22000.00 | Wire | Sales Tax |

United States Bankruptcy Court
Northern District of Ohio

In re **Union Eye Care Center, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>4,665.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>0.00</u> |
| Balance Due | \$ | <u>4,665.00</u> |

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the Debtor in Contested Matters (including Motions to Dismiss), and Adversary Proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 2, 2019

Date

/s/ Richard A. Baumgart (0002664)**Richard A. Baumgart (0002664)**

Signature of Attorney

Dettelbach, Sicherman & Baumgart**55 Public Square, 21st Floor****Cleveland, OH 44113-1902****216-696-6000 Fax: 216-696-3338****rbaumgart@dsb-law.com**

Name of law firm

**United States Bankruptcy Court
Northern District of Ohio**

In re **Union Eye Care Center, Inc.**

Debtor(s)

Case No. _____

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 2, 2019**

/s/ Kevin Morgan

Kevin Morgan/CEO

Signer/Title

A'LAYNA NETTLES
9600 Nelson Ave.
Cleveland, OH 44105

A'LEYAH NETTLES
9600 Nelson Ave.
Cleveland, OH 44105

Aaron D Plasco
3590 Turnberry Ave
Medina, OH 44756

Aaron M Thompson
5077 Heather Ann Circle
Stow, OH 44224

AARON TUCKER
5799 South Winds Drive 85
Mentor-On-The Lake, OH 44060

ABBY CHIRDON
7418 Fayette Blvd
Chippewa Lake, OH 44215

ABC Fire Inc.
10250 Royalton Road
North Royalton, OH 44133

ABE SAAVERDA
3810 Cecilia Ave
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**United States Bankruptcy Court
Northern District of Ohio**

In re **Union Eye Care Center, Inc.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Union Eye Care Center, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

July 2, 2019

Date

/s/ Richard A. Baumgart (0002664)

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